

# THE SUSTAINABLE DELIVERY OF SEXUAL VIOLENCE PREVENTION EDUCATION IN SCHOOLS

AUTHORS  
DR SHIRLEY JÜLICH  
DR EILEEN OAK  
JANE TERRELL  
DR GRETCHEN GOOD



Copyright © 2015 School of Social Work, Massey University

ISBN 978-0-473-32340-0 (pdf)

School of Social Work, Massey University  
Dairy Flat Highway  
Private Bag 102904  
North Shore  
Auckland, 0745  
New Zealand  
Website: [www.massey.ac.nz](http://www.massey.ac.nz)

Rape Prevention Education: Whakatu Mauri  
PO Box 78 307  
Grey Lynn  
Auckland, 1245  
New Zealand  
Email: [info@rapecrisis.org.nz](mailto:info@rapecrisis.org.nz)  
Website: [www.rpe.org.nz](http://www.rpe.org.nz)

# Table of Contents

Executive Summary.....	vi
Background.....	vi
Research Team .....	vi
Aims .....	vii
Methods .....	vii
Overview of the Findings.....	vii
General findings.....	viii
SVPE programme management findings.....	viii
SVPE programme content findings.....	ix
Recommendations .....	ix
General .....	ix
Management .....	x
Content .....	xi
Acknowledgements.....	xii
Chapter 1: Background to the Report .....	1
Aims .....	2
Methods .....	2
Terminology and Concepts .....	4
Educational terms and concepts .....	4
Specialist terms.....	7
Structure of the Report .....	8
Chapter 2: Setting the Scene: Why School-based SVPE in New Zealand? .....	9
Reporting Sexual Violence: Incidence vs Prevalence Rates .....	9
Sexual violence in New Zealand .....	10
The Otago Women’s Health Survey 1991 .....	10
The Christchurch Health and Development Study 2000 .....	11
New Zealand Violence Against Women Study 2003 .....	11
The Health and Wellbeing of Secondary School Students in New Zealand Reports: Youth 2000 and Youth ‘07.....	12
The Dunedin Multidisciplinary Health and Development Research Study (as at 2009) ..	13

The Ministry of Women’s Affairs Sexual Revictimisation Study 2012 .....	13
Child Youth and Family Notifications 2013 .....	14
Over-representation of Māori.....	14
Over-representation of Pasifika in Taiwi.....	15
Over-Representation of People with Disabilities .....	15
Disability and SVPE programmes.....	17
Impacts and Costs of Child Sexual Abuse.....	19
Implications for School-Based SVPE in New Zealand.....	21
Chapter 3: SVPE Programmes: A New Zealand Overview.....	23
Management Features of SVPE in New Zealand.....	23
Participants.....	24
Location .....	24
Timing and duration .....	24
Content Features of SVPE in Aotearoa New Zealand .....	25
Topics and learning outcomes.....	25
Teaching methods and approaches.....	25
Evaluations of New Zealand SVPE programmes .....	28
School-based sexuality education .....	28
School-based relationship and SVP education .....	30
BodySafe Programme .....	31
Implications for School-Based SVPE.....	34
Management features of effective SVPE in New Zealand.....	34
Content features of effective SVPE in New Zealand .....	35
Teaching methods .....	35
Learning outcomes .....	36
Chapter 4: SVPE Programmes: An International Overview .....	37
Australia .....	37
Sexual Assault Prevention Programme for Secondary Schools (SAPPSS) .....	38
Respect, Protect, Connect .....	39
A meta-analysis of Australian programmes .....	40
United Kingdom.....	42
North America .....	43

Evaluation of North American programmes .....	48
Implications of International Research for School-Based SVPE in New Zealand.....	49
Management .....	49
Content .....	53
Chapter 5: Delivering School-based SVPE: Evidence-based Management Decisions.....	55
Management Components of Successful Primary Prevention .....	56
Participants, purpose and location in a whole-school approach .....	56
Participants and purpose.....	57
Timing and duration .....	63
Implications for Management of School-based SVPE in New Zealand.....	65
Participants.....	65
Location, timing and duration .....	66
Chapter 6 Delivering School-based SVPE: Evidence-based Content Decisions .....	67
Feminist Origins and Development of SVPE Content .....	67
Content Components of Successful Primary SVPE.....	68
Topics and learning outcomes in SVPE .....	69
Teaching methods and approaches.....	72
Coherent and theoretical underpinning.....	76
Evaluation .....	87
Implications for Content of School-Based SVPE in New Zealand.....	89
Topics.....	89
Learning outcomes .....	90
Teaching methods .....	90
Evaluation .....	91
Chapter 7: Conclusions .....	93
Chapter 8: Recommendations .....	97
Recommendations .....	97
General .....	97
Management .....	98
Content .....	98
Future Research .....	99
References .....	101

## List of Tables

Table 1: Exposure to Sexual Violence in Previous 12 Months .....	13
Table 2: Age of those Touched in a Sexual Way .....	13
Table 3: Physical and Psychological Effects of Sexual Violence .....	19
Table 4: New Zealand SVPE Primary Prevention Programmes and Initiatives .....	26
Table 5: North American SVPE Primary Prevention Programmes and Initiatives .....	45

## List of Figures

Figure 1: Management and Content.....	4
Figure 2: Quality Rubric.....	33
Figure 3: Implementation Phases .....	61
Figure 4: A Metaphor for Primary Prevention – The Cliff .....	79
Figure 5: The Ecological Model .....	81
Figure 6: Prochaska and DiClemente’s Five Stage Model of Change .....	86
Figure 7: Steps to Collective Behaviour Change .....	87

## Executive Summary

### Background

Sexual violence is a crime that cannot be ignored: it causes our communities significant consequences including heavy economic costs, and evidence of its effects can be seen in our criminal justice system, public health system, Accident Compensation Corporation (ACC), and education system, particularly in our schools. Many agencies throughout New Zealand work to end sexual violence. Auckland-based Rape Prevention Education: Whakatu Mauri (RPE) is one such agency, and is committed to preventing sexual violence by providing a range of programmes and initiatives, information, education, and advocacy to a broad range of audiences.

Up until early 2014 RPE employed one or two full-time positions dedicated to co-ordinating and training a large pool (up to 15) of educators on casual contracts to deliver their main school-based programmes, *BodySafe* – approximately 450 modules per year, delivered to some 20 high schools. Each year several of the contract educators, many of whom were tertiary students, found secure full time employment elsewhere. To retain sufficient contract educators to deliver its *BodySafe* contract meant that RPE had to recruit, induct and train new educators two to three times every year. This model was expensive, resource intense, and ultimately untenable. The Executive Director and core staff at RPE wanted to develop a more efficient and stable model of delivery that fitted its scarce resources.

To enable RPE to know what the most efficient model was nationally and internationally, with Ministry of Justice funding, RPE commissioned Massey University to undertake this report reviewing national and international research on sexual violence prevention education (SVPE).

### Research Team

**Dr Shirley Jülich** (PhD Social Policy) is a senior lecturer in the School of Health and Social Services, Massey University, Albany. Her doctoral thesis focused on restorative justice and adult victim-survivors of child sexual abuse. Her research interests continue to focus on the intersection of sexual violence, recovery and justice.

**Dr Eileen Oak** (PhD Sociology) is a senior lecturer in the School of Health and Social Services, Massey University, Albany. She was a social worker in the field of child protection for more than 20 years. Her research interests focus on the correlation between child protection and sexual violence.

**Jane Terrell** (MEdAdmin) is a teaching consultant with the Centre for Teaching and Learning at Massey University, Albany. Jane has led a national professional development project for

tertiary teachers, and held positions in staff and academic development at AUT University, Te Wānanga o Aotearoa and MIT.

**Dr Gretchen Good** (PhD Rehabilitation) is a senior lecturer in Rehabilitation in the School of Public Health, Massey University, Palmerston North. Her research interests focus on disability across the lifespan, with an emphasis on activity, independence and life satisfaction.

## **Aims**

The aim of the literature review underpinning this report was to examine a range of current school-based educational programmes for sexual violence prevention in order to achieve the following objectives:

1. Identify the evidence base for the provision and delivery models of sexual violence prevention programmes in high school settings.
2. Investigate mechanisms for delivery both nationally and internationally.
3. Identify the strengths and weaknesses of the school-based educator model.
4. Compare the use of casual, full-time and train the trainer educator models
5. Investigate management and content features of school-based educational delivery by services other than RPE, both nationally and internationally.

These objectives were designed to review research and identify best practice in SVPE so that the report could result in recommendations for a school-based delivery model that can be adapted to the level of resourcing available to RPE.

## **Methods**

A systematic approach to locating research about SVPE was taken, using the following databases: Discover (Massey University's Library Discovery Layer searches multiple databases, including Web of Science, Web of Knowledge and PsychInfo), Scopus and Google Scholar. Searches were conducted from October 2013 through January 2014 for English language articles that were scholarly, published, and available through Massey University in full-text. The focus was on finding recent publications relevant in the New Zealand context.

## **Overview of the Findings**

Key findings of the literature review undertaken for this report are summarised below in terms of general findings about SVPE both nationally and internationally, followed by findings to do with, first, the management of SVPE programmes and, second, their content.



## **General findings**

In an international context, the common barriers impacting on effective delivery of rape prevention education included: problems in generating *primary* (as opposed to secondary) SVPE; lack of expertise in facilitation; lack of effective evaluation; and lack of mechanisms or frameworks that address behaviour change. The review of international literature clearly identified both the US and Australia as having taken the initiative in the development of primary prevention education proven effective in addressing both perpetrator and bystander behaviour. This leadership in the field of SVPE was exemplified in the National Association of Services Against Sexual Violence (NASASV) project in Victoria, Australia. This project reviewed a range of national and international research and a key finding was that primary prevention initiatives can stop sexual violence before it occurs (Carmody et al., 2009). With funding from the Victorian Government the project went on to establish a set of six national standards covering all aspects of SVPE programme development: curriculum design, evaluation, working with diversity, professional training of staff, support, mentoring, dealing with disclosures and pastoral care of young people participating in the programmes.

Further general findings from the review of both national and international literature included:

- Human and financial costs of sexual violence are intergenerational and impact on all sectors of society.
- The development of SVPE is evolutionary and ongoing, whilst the feasibility of generating primary prevention has only recently been acknowledged.
- Good practice guidelines have been developed in New Zealand for effective management and content of sexuality programmes that can be adapted to SVPE.
- The US, similarly, has provided leadership in developing single-sex primary prevention education in its programme *Coaching Boys into Men* and has been imaginative in linking this to the nation's sporting enthusiasm.

## **SVPE programme management findings**

"Management" aspects are contextual features of an education programme: participants, purpose, timing and location. Key contextual aspects of SVPE revealed in the literature review included:

- Internationally, there is a lack of structured state funded SVPE programmes, which all the literature reviewed identified as central if such programmes are to survive and develop further.
- Internationally one of the key barriers to the development of SVPE has been its incorporation into either the sexual health or biological curricula.

- Training in dealing with disclosures is not well developed except in New Zealand, where certain specialist agencies, such as RPE, offer this training.
- New Zealand SVPE programmes lead the way in developing clinical supervision for trainers dealing with disclosures.

### **SVPE programme content findings**

“Content” aspects are instructional features of an education programme: topics, learning outcomes, and methods of teaching and evaluation. Key content aspects of SVPE revealed in the literature review included:

- Progress in SVPE has been hampered by educators’ reluctance to acknowledge the gendered nature of sexual violence.
- Māori and Pasifika peoples, as well as people with physical and intellectual disabilities, are over-represented in social demographics for sexual violence. While it was beyond the scope of this review to explore the causal factors this is important to note in terms of planning content for SVPE programmes.
- Two glaring omissions in the international literature were the lack of specified learning outcomes and the provision of training in group work skills.
- The literature consistently identified the poor quality of evaluations particularly longitudinal and those which focused on behaviour change.

### **Recommendations**

There are 12 recommendations, divided into general, management and content aspects of SVPE programme development.

#### **General**

Two recommendations address general approaches to SVPE that could be adopted by the community at large.

1. Develop a multi-pronged approach to effective primary prevention of sexual violence that includes:
  - Engaging all stakeholders to promote wider “ownership” of the issue
  - Planning initiatives according to an “ecological” framework
  - Developing effective educational programmes.
  - Changing policies in societal institutions that foster inequalities
  - Changing laws that discriminate against vulnerable people

- Creating or strengthening laws that promote equality
2. In collaboration with Māori iwi and hapū, develop national standards for New Zealand SVPE programme development similar to those instigated in Australia. This would include implementation strategies to ensure culturally competent SVPE. In introducing the Australian standards, Carmody et al. (2009) stressed that these did not represent a “blue-print” for good practice. Rather, they explained that:

Their central aim is to give confidence to education providers, communities, organisations and policy makers that the prevention education being provided is based on principles and standards grounded in research evidence and practice wisdom. They can assist educators in knowing how effective the prevention education is in working towards behavioural and cultural change (Carmody et al., 2009, p. 69).

## **Management**

Six recommendations address contextual features of school-based SVPE programmes: those features decided by the stakeholders. These recommendations particularly address delivery mechanisms, and support for educator training.

3. Adopt the whole-school model as the best approach for delivering primary prevention programmes. This model has resource implications for participants, purpose, timing and location and is recognised internationally as the gold standard of SVPE delivery.
4. Ensure SVPE is integrated into the school curriculum in two ways:
  - a. as a specialist subject rather than as a discrete topic within subject areas such as Health Studies or Biology
  - b. as an approach embedded in other curriculum areas such as English literature.
5. Ensure SVPE programmes are delivered:
  - a. in modular form by members of teaching staff
  - b. over periods of 6 to 12 weeks
  - c. in sessions of 45 to 60 minutes duration that include some single-sex sessions.
6. Establish a permanent funding stream for “Train the trainer” roles (whether full time or part time) to ensure continuity and sustainability in programme delivery. These positions should be located in specialist agencies which have the expertise to act as both co-ordinators and consultants for SVPE programme development and delivery.
7. Establish a professional national qualification in SVPE for those training the trainers. This qualification should be linked to career progression and life-long learning in order to increase employability and build up agency capacity.

8. Provide clinical supervision for all those involved in SVPE to enable educators to deal with the aftermath of disclosures, and the vicarious trauma that may result.

## **Content**

Four recommendations address instructional features of an education programme: those features decided by the educators. These recommendations particularly address programme content, and the nature of educator training.

9. Ensure the content of educational programmes:
  - a. is designed in terms of specific measurable learning outcomes that form the basis of robust assessment and evaluation
  - b. addresses the underlying causes of sexual violence including pervasive ideas such as those contained in rape myths
  - c. focuses on skills development for fair and respectful relationships, and behaviour and attitudinal change in relationship to sexual violence
  - d. addresses diversity
10. Train young people to be peer educators. This is important for generating behaviour change not only within the school community but also within the broader community.
11. Train educators in group work skills so that they can address the dynamics and behavioural challenges that may occur as a result of SVPE group processes.
12. Develop and resource effective long-term evaluation methods that incorporate analysis of behaviour change and include indigenous models of strength-based practice.

It is recognised that these recommendations are broad in scope and suggest a major paradigm shift in terms of how this social problem is conceptualised, not only by professionals but also by the wider community. However, the literature review clearly identified that the key feature of successful primary prevention was the addressing of sexual violence on all levels from the individual to local community, to government and wider society. It is recommended that this holistic perspective is maintained in the pursuit of evidence-based practice approaches for programme delivery at the local level.

## **Acknowledgements**

We would like to thank a number of people who have contributed to reading drafts of this report: Kristi Shaw of Albany CoCo Inc., Dr Kim McGregor, Yvette Spenser-Dunn and Ratika Rai of Rape Prevention Education: Whakatu Mauri, also Dr Melanie Beres of Otago University.

We would also like to thank Dr. Michael Dale of the School of Social Work, Massey University for his thorough peer review.

## Chapter 1: Background to the Report

Sexual violence is a crime that cannot be ignored: it causes our communities significant consequences including heavy economic costs, and evidence of its effects can be seen in our criminal justice system, public health system, Accident Compensation Corporation (ACC), and education system, particularly in our schools. Many agencies throughout New Zealand work to end sexual violence. Auckland-based Rape Prevention Education: Whakatu Mauri (RPE) is one such agency, and is committed to preventing sexual violence by providing a range of programmes and initiatives, information, education, and advocacy to a broad range of audiences. RPE remains the only specialised agency in Auckland (a population of a little over 1.4 million people (Statistics NZ, 2013)), that is solely focused on the prevention of sexual violence. Auckland has approximately 120 high schools.

In 2005, RPE was a small agency in Auckland with a budget of approximately \$150,000 per year - mostly gathered from charitable trusts. With these monies RPE employed a full-time office manager (who also delivered *BodySafe*), a part-time administrator and two or three casual-contract or volunteer educators. In 2005, RPE was able to reach out to only 15-20 Auckland high schools delivering its one module programme, often delivered by one volunteer educator.

Following years of delivering the *BodySafe* programme through charitable donations, in 2006-7, RPE gained a Ministry of Health contract. To retain sufficient contract educators to deliver its newly acquired government contract and deliver several hundred modules of the *BodySafe* programme, with two specialist educators in each class, RPE had to recruit, induct and train new educators two to three times every year. As the number of the modules increased from 1 to 4, and the quality of the programme was developed, at the same time the amount of training and supervision required for the growing pool of educators also had to increase.

By 2014, RPE had built a support structure around the pool of casual-contact educators. It had an Executive Director and an Operations Manager responsible for the wider agency that had grown to over 20 staff and volunteers with a budget of almost \$1 million per annum. It had a Programmes Manager, responsible for the quality of the programmes and recruiting and training the educators. It also had a Programmes Co-ordinator to organise the logistics of ensuring 2 educators from a pool of approximately 15 casual-contract educators delivered up to 450 modules a year to the approximately 20 schools that *BodySafe* was delivered to. The Programmes Co-ordinator also liaised with appropriate personnel (counsellors/health teachers/Heads of Departments) in each school to ensure there was a safe pathway for dealing with disclosures of sexual violence and to organise the evaluations of the programme.

Many of the contract educators were tertiary students who left at the end of their studies to go on placements or who were able to secure full time employment elsewhere. To ensure sufficient contract educators, the Programmes Manager had to organise recruitment and training of new educators two to three times each year.

This model proved expensive to the agency, it was resource intense, and ultimately became untenable. Further, it was inefficient; RPE could only deliver to approximately 20 of the 120 high schools in Auckland. RPE was keen to discover how it could stretch its reach to more schools and develop a more efficient and stable model of delivery that fitted its scarce resources.

On behalf of the Ministry of Justice, RPE commissioned this review of national and international research in order to recommend sustainable best practice models for delivering school-based SVPE in New Zealand.

## **Aims**

The aim of the literature review underpinning this report was to examine a range of current school-based educational programmes for sexual violence prevention in order to achieve the following objectives:

1. Identify the evidence base for the provision and delivery models of sexual violence prevention programmes in high school settings.
2. Investigate mechanisms for delivery both nationally and internationally.
3. Identify the strengths and weaknesses of the school-based educator model.
4. Compare the use of casual, full-time and train the trainer educator models.
5. Investigate management and content features of school-based educational delivery by services other than RPE, both nationally and internationally.

These objectives were designed to review research and identify best practice in SVPE so that the report could result in recommendations for a school-based delivery model that is the most effective fit with the level of resourcing available to RPE.

## **Methods**

A systematic approach to identifying literature for this review utilised the following 12-step process outlined by Kable, Pich and Maslin-Prothero (2012):

1. Provide a purpose statement.
2. Document the databases or search engines used in your search strategy.
3. Specify the limits applied.

4. List the inclusion criteria and exclusion criteria for the search.
5. List the search terms used.
6. Document the search process for each search engine.
7. Assess retrieved articles for relevance using inclusion and exclusion criteria.
8. Document a summary table of included articles.
9. Provide a statement specifying the number of retrieved articles at the end of the search process.
10. Conduct quality appraisal of retrieved literature.
11. Critically review literature.
12. Check reference list for accuracy.

Papers were obtained through the following databases: Discover (Massey University's Library Discovery Layer searches multiple databases, including Web of Science, Web of Knowledge and PsychInfo) and Scopus. Google Scholar was used extensively in early exploration of the topics, but was determined to be too imprecise to accurately identify specific numbers of articles that met the set criteria. Searches were conducted from October 2013 through January 2014. To be included in this review, the literature was limited to English language articles that were original research studies, relevant to SVPE, scholarly, published, and available through Massey University in full-text. The focus was on finding recent publications relevant in the New Zealand context.

Key terms used to search the databases included titles, abstracts, key words and, in some instances, full text. Truncation was used to ensure all word variance was captured and thereby no significant research excluded from consideration.

Search words, their variations and combinations of, were as follows:

- Rape, Sexual violence, Sexual abuse, Sexual assault.
- Rape prevention, Sexual violence prevention, Sexual abuse prevention, Sexual assault prevention.
- Schools.
- Disability.



## Terminology and Concepts

The following section explains key terms and concepts, both educational and specialist, as they are used in the review.

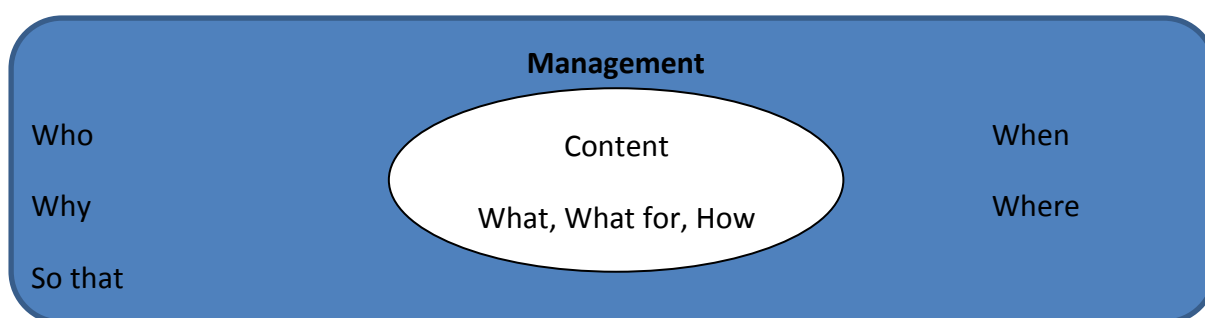
### Educational terms and concepts

A range of SVPE delivery models were reviewed, with the aim of recommending a model suitable for RPE. Our investigation uses a number of educational terms and concepts.

#### *Programme management and content*

Recommendations for an education programme delivery model must address what we term as “management” and “content” aspects. In this review we draw on robust principles of educational programme development (Biggs & Tang, 2007; Vella, 2007) to define these. “Management” aspects are contextual features of the education programme, decided by the programme’s primary stakeholders, i.e. those who initiate the programme. “Content” aspects are instructional features mainly decided by those charged with delivering the programme, i.e. the educators. For the most effective learning to take place, it is desirable that primary stakeholders and educators spend time negotiating as many as possible of these decisions. Some decisions are constrained heavily by the physical resources available to the primary stakeholder; others are necessarily entrusted to the professional expertise of the educators.

**Figure 1: Management and Content**



As Figure 1 shows, in this review we use the term “management” to refer to the following social and physical contextual features of a programme:

- *Who*, i.e. all the people or “stakeholders” involved. In this review we refer to the funders, or organisations initiating or requesting the programme, as “primary” stakeholders. In SVPE these are typically government agencies or community groups. For those who design the content and delivery of the educational programme, the most significant stakeholders are the targeted participants (or “students”). The more

that is known about the learning needs of the participants, the more effective the education can be. The other stakeholders are the educators selected to deliver the programme, and any other groups affected by delivery of the programme. In the case of SVPE, stakeholders are likely to include parents and community groups.

- *Why*, i.e. the reason the programme is initiated, requested or seen as desirable, from the point of view of the primary stakeholders.
- *So that*, i.e. the change that stakeholders want to see as a result of the programme. Together with the “Content” feature *What for*, this feature provides direction for the evaluation of the programme.
- *When*, i.e. the timing and nature of the programme delivery. This includes what date and time of day as well as duration, nature and number of sessions: whether workshops, seminars or modular programmes (see below for explanation of these terms). These decisions have both learning and funding implications.
- *Where*, i.e. location of the programme delivery. This also has both learning and funding implications.

We use the term “content” to refer to the following instructional features of a programme:

- *What*, i.e. the topics covered in the programme. This includes the skills, knowledge and attitude taught, as well the sequence in which it is taught.
- *What for*, i.e. the learning outcomes of the programme. Learning outcomes state what the educator intends the learner to know or be able to do at the end of the learning process, which is why they are often termed *intended* learning outcomes. It is important to acknowledge that *unintended* learning outcomes are likely to occur and are desirable: the outcomes approach does not limit teachers to a linear view of the learning and teaching process. Each outcome begins with an action verb (e.g. *summarise*, *compare*) and relates it to an aspect of subject content (Terrell & Kirkness, 2011). Together with the “Management” feature *So that*, this feature is absolutely essential in designing programme evaluation frameworks (Vella, Berardinelli, & Burrow, 1998).
- *How*, i.e. the teaching methods and resources, including assessment, that the educator uses to engage learners in acquiring new information, skills and attitudes. These may be considered “pedagogy” or “andragogy”: concepts explained next.

### ***Pedagogy and andragogy***

The concepts of “pedagogy” and “andragogy” refer to how educational programmes are delivered. Some educators refer to pedagogy as the art and science of teaching children or young people, and distinguish this from andragogy, the art and science of helping adults

learn. In its simplest terms the principles of andragogy, as popularised since 1967 by Knowles (1990), assert that adults learn best when self-directed and problem-focused, whereas children learn by observation and imitation. However, as the literature will indicate, and as Knowles himself later conceded, pedagogy and andragogy could be viewed as on a continuum, with application for both children and adults. This is particularly important for this report, as SVPE entails the education of both children and adults including young adults. An understanding of both pedagogy and andragogy is necessary because SVPE promotes critical enquiry and the negotiation of social contexts by both children and adults.

### ***Workshops, seminars and modular programmes***

In describing the timing and nature of programme delivery, the literature tends to use the terms “workshop” and “seminar” interchangeably but in this report we differentiate them. While both denote single informative classes or meetings, we use the term “workshop” to denote a significantly more interactive session than a “seminar”. A workshop is an educational space where a group of people meet to engage with each other in an intensive discussion of an issue. Workshop participants are fully involved in the learning process by participating in group discussions, activities and exercises. They may be given opportunities to apply any new concepts that have been presented to them in the session. Not surprisingly then, the workshop has been the most popular medium for SVPE (Carmody, 2006). The most common workshop training usually involves groups of approximately 20 participants spending at least two 40-minute sessions on a given aspect of sexual violence prevention. It is popular in SVPE because of its capacity to target a relatively large group all at once, and because of its ability to generate group learning, skill development and a sense of solidarity and motivation within the learning process.

In this report the term “seminar” on the other hand denotes a small, lecture-style class, or a meeting involving an intense exchange of ideas but no application. While a seminar might involve a number of presenters providing information, it is based on a “lecture” format in that a presenter usually provides all the information while participants listen. Such a model is popular at universities for students who are expected to have some pre-specialist knowledge and may be used to being more proactive about their learning than high school students. However, a seminar group larger than eight people makes facilitation very difficult to organise and this is compounded by the sensitive nature of SVPE. For these and cost benefit considerations, seminars are seldom used in SVPE and there is limited research as to their effectiveness (Carmody et al., 2009). Typically, the seminar environment would not provide participants with the opportunity to apply new concepts.

A “modular programme” is a programme of study made up of a series of modules or courses. The advantage of a modular programme is that it breaks down large “chunks” of information into manageable amounts and these can be structured into a thematically coherent whole. This facilitates students’ understanding of different subject areas and how they fit into the bigger picture while the structured format consolidates learning on a

session by session basis. The advantage of a modular programme is that a variety of media can be used from seminars, role plays, lectures or workshops, online quizzes, or study sessions. It can also be tailored to individual student needs.

In this report we use the term modular programmes to denote a number of single sessions that are linked together around a common theme. Such sessions might be stand-alone or it might be necessary to complete one after the other in a prescribed order to gain information in a systematic way.

### **Specialist terms**

In this review we use a number of specialist terms and concepts.

### ***Sexual Abuse***

Definitions of sexual abuse and sexual violence vary across studies. The World Health Organisation Factsheet No.239 (2013) has defined sexual violence as

...any sexual act, attempt to obtain a sexual act, or other act against a person's sexuality using coercion by any person regardless of their relationship to the victim, in any setting. It includes rape defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, or other body part or object.

It is important to note the use of the term coercion. Robertson and Oulton (2008) made reference to the concept of coercion applied to an understanding of sexual violence, and pointed out that coercion is not only physical, but, can take many forms "...including the powerful effect of certain social norms about sexual behaviour" (p. 7). Russell (2008) referred to these kind of social norms as sexual pressure and lamented the fact that its role in the sexual violence continuum has been inadequately researched. In this report we have opted to keep the definition broad and so sexual abuse is best understood as a continuum or an umbrella term that covers such terminology as child sexual abuse, sexual assault, sexual violence, rape, sexual touching and the like. At times we use these terms interchangeably.

### ***Primary, Secondary and Tertiary Prevention***

The most common way of describing programmes that aim to prevent or respond to sexual violence is a three-part classification according to when they occur in relation to the violence (Carmody et al., 2009): primary, secondary and tertiary prevention.

1. "Primary" prevention is directed at a whole community before abuse occurs, and has been shown to be the most cost-effective. The aim is to prevent the development of risk factors associated with sexual violence and to promote those factors that protect against sexual violence. The objective of these programmes is to minimise the likelihood of boys and men (as well as girls and women) using sexual violence in

the first instance by addressing and dispelling rape-supportive attitudes and norms. Through skills training and community development these programmes support policies that address gender inequality and patriarchal power relations.

2. “Secondary” prevention is aimed at individuals who are at risk of committing abuse or being victimised. Programmes in this category aim to identify the risk and intervene before abuse occurs and progresses.
3. “Tertiary” prevention focuses on responding to sexual violence after it has occurred. These interventions focus on restoring health and safety and preventing further victimisation and can include crisis care, counselling, advocacy, information giving to prevent re-victimisation, criminal justice and restorative justice. While tertiary interventions may appear to have little to do with the prevention of sexual violence, effective responses can act as a deterrent to ongoing perpetration and at the same time support a victim-survivor to avoid further victimisation in the future.

### **Structure of the Report**

This report is structured in three sections. The first section includes the preamble and the introductory chapters: Chapter 1 provides a background to the report and Chapter 2 backgrounds sexual violence in Aotearoa New Zealand. The second section, Chapters 3 through 6, documents and discusses the findings of the literature review. The final section, Chapters 7 and 8, summarises and makes recommendations.

.

## **Chapter 2:     Setting the Scene: Why School-based SVPE in New Zealand?**

In this section we discuss the size of the problem of sexual violence in New Zealand, and its impacts both in human terms and financial costs. The statistics for sexual violence towards children and young people in New Zealand demonstrate a clear need for SVPE, and provide direction for the management and content of SVPE programmes. Sexual violence in New Zealand typically occurs in more than one context, including home, family, school, dating (Gault, 2012), and social networks, and its prevalence suggests that for many of our children and young people it is normalised. Studies estimating the size of the problem typically report either the “incidence” or “prevalence” of sexual violence. In the following section we discuss the difference.

### **Reporting Sexual Violence: Incidence vs Prevalence Rates**

Incidence studies of sexual violence attempt to estimate the number of new cases occurring in a defined period, usually 1 year, and are based on reported rates derived from police reports, other investigating authorities, such as child welfare agencies, and hospitals (Lapsley, 1993). These studies are dependent on someone, usually an adult, reporting an incident of sexual violence. The difficulty with establishing accurate incidence rates lies in the reluctance or inability of victim-survivors to disclose sexual violence. In the instance of sexual violence against children, this is further complicated by the reluctance of adults to become involved with the private domain of the family. Such non-reporting is an additional factor for victim-survivors with disabilities; when people are non-verbal, establishing credibility in reporting is particularly complex (Lin et al., 2010).

The very dynamics of sexual violence encourage victim-survivors to remain silent. Estimations based on prosecutions or convictions are unreliable. Not every complaint to the police produces a prosecution, let alone a conviction. Research undertaken by New Zealand’s Ministry of Women’s Affairs indicated that the “conviction rate for sexual violation was 13% based on all recorded cases” (Triggs, Mossman, Jordan, & Kingi, 2009, p. vii) and the prosecution rate is 31%. Incidence studies might be more reflective of the way societal systems police and process allegations of sexual violence through the various agencies, than accurate predictions of the incidence of sexual violence in a given period. Despite their under-reporting, incidence studies are useful in that they indicate the minimum rates of sexual violence in the community. Pereda, Guilera, Forns and Gómez-Benito (2009), in their meta-analysis, noted that incidence studies are relatively few when compared to prevalence studies.

Prevalence studies of sexual violence attempt to estimate the proportion of a population that has been sexually abused at any one time, and is based on the premise that if most

sexual violence is not reported then the most valid measure would be self-reports from victim-survivors or offenders. Such studies target the general population, or a specialist population, and are based on a respondent's retrospective report of an abusive experience. Data collection methods for prevalence studies include face-to-face interviews, questionnaires and telephone surveys. These methods are dependent on the respondent remembering an abusive experience, feeling sufficiently safe to share that information and, more importantly, being able to categorise an experience as abusive. Although this method of questioning enables respondents to include those experiences that they have considered sexually abusive, not all victim-survivors of sexual violence understand that they were sexually abused. While retrospective recall might be the most realistic way to understand the magnitude of sexual violence over a lifetime, it is not without critique. According to Pereda et al. (2009), some authors have noted that false allegations could produce inaccurate estimates thereby increasing prevalence estimates. Given the dynamics of sexual violence, the risk of non-disclosure is likely to be greater than the risk of false allegations (Pereda et al., 2009).

Studies estimating prevalence rates of sexual violence are more readily located in the literature. A review of North American studies in the 1980s found that prevalence rates for sexual violence against children varied from 6% to 62% for females and 3% to 31% for males (Peters, Wyatt, & Finkelhor, 1986). Two decades later, Pereda et al.'s (2009) meta-analysis of prevalence studies across 65 studies and 22 countries, found a similar variation in rates across the countries studied. Such variations are caused by methodological and definitional issues, population and sampling methods, data gathering techniques, participation rates, and the types of questions that are asked of respondents (Peters et al., 1986). All of which complicate meaningful comparisons across studies and countries. Pereda et al. (2009) identified similar difficulties in their meta-analysis.

With this in mind, in the next section we explore estimates of sexual violence in New Zealand.

## **Sexual violence in New Zealand**

There are several significant studies of sexual violence aimed at estimating both the incidence and prevalence of sexual violence in New Zealand. In the following studies some have engaged directly with young people; others engage with adults. In both instances researchers are asking respondents to report sexual violence that has occurred retrospectively.

### **The Otago Women's Health Survey 1991**

The first significant prevalence study was conducted in the early 1990s. Using a postal questionnaire, this study asked 3,000 randomly selected Otago women questions about their childhood, present family, work situation and experiences of sexual and physical

abuse. All urban Dunedin women under the age of 65, who had indicated in the postal questionnaire that they had unwanted sexual experiences before the age of 16 years, were invited for an interview, as were an equal number of non-abused women (Anderson, Martin, Mullen, Romans, & Herbison, 1993). Child sexual abuse was defined as non-contact, non-genital contact, genital touching either clothed or unclothed, touching the offender's genitals, attempted intercourse, and intercourse which involved penile penetration of the genital or anal area. In-depth interviews were conducted in which participants were asked a series of eight "screen" questions. All interviewers were trained prior to the beginning of the project and consistency between the two interviewers was checked by audio taping the interviews. Seventy-three per cent of those invited to take part in the interviews participated in the interview component of the study.

This study found that for all categories of sexual abuse, 26% of participants were sexually abused before the age of 12, and 32% were sexually abused before the age of 16 (Anderson et al., 1993). The abuse rates for all forms of contact abuse were 16% for girls less than 12 and 25% for girls less than 16. Thirty-eight per cent of the women, who had been sexually abused as children, reported that their most serious incident of abuse was perpetrated by a relative: 16% of offenders were living in the same house as the child, 22% were related but living elsewhere. Only 15% of victim-survivors reported being abused by a stranger; 46% of victim-survivors reported they knew the offender. Ninety-eight per cent of offenders were male. The study found that 1 or 2 in 100 biological fathers, living with the child, had sexually abused their daughters compared with 1 in 10 stepfathers who lived with the child.

### **The Christchurch Health and Development Study 2000**

Fergusson, Horwood and Woodward (2000) investigated a birth cohort of young people who were the subjects of the Christchurch Health and Development Study, an ongoing longitudinal study of 1,265 children born during 1977 in Christchurch. At ages 18 and again at 21, the cohort was asked if they had participated against their will in any 1 of 15 sexual activities before the age of 16. Although there were discrepancies in reporting between the two interviews the researchers estimated that the true prevalence rate allowing for false negative reports was approximately 30% for women and 6% for men. The interesting finding in this study was the number of false negatives, that is, participants who did not acknowledge sexual victimisation in one interview but did so in the other. Therefore, Fergusson et al. (2000) concluded that prevalence estimates based on self-reports are likely to underestimate the true prevalence.

### **New Zealand Violence Against Women Study 2003**

This 2003 study replicating the WHO Multi-Country Study on Violence Against Women surveyed and interviewed a random sample of some 2,855 women aged between 18 and 64 years (Fanslow & Robinson, 2004). Of these women, 1,436 lived in Auckland, New Zealand's largest city, and 1,419 lived in the North Waikato, a rural area. The demographics of the



sample – age, ethnicity and rural/urban split – indicated that they were representative of the general population of New Zealand for women in this age group. Participants were asked if “they had been touched sexually or made to do something sexual that they didn’t want to do before the age of 15” (New Zealand Family Violence Clearinghouse, 2014, p. 4). The study found that prevalence rates for child sexual abuse were 24% for women from Auckland and 28% for those from North Waikato (Fanslow, Robinson, Crengle, & Perese, 2007). For all participants, 50% reported that they had been sexually abused once or twice, 27% reported a few times, and 23% reported they had been sexually abused many times (New Zealand Family Violence Clearinghouse, 2014, p. 5). Participants reported that 71% of perpetrators were male, 2% were female, and 27% did not specify the gender. The relationship of the perpetrator to the victim-survivor indicated that 63% were either family members or step-family members.

Māori women reported higher rates of child sexual abuse than European women and women of other ethnic groups (Auckland: 30.5% vs. 17.0% and North Waikato: 35.1% vs. 20.7%) (Fanslow et al., 2007).

### **The Health and Wellbeing of Secondary School Students in New Zealand Reports: Youth 2000<sup>1</sup> and Youth ‘07**

A team at the University of Auckland investigated sexual violence against young people in Years 9 to 13 in 2001 and 2007 (Clark et al., 2009). Further data was collected in 2012 (Clark et al., 2013). In 2001, some 9,699 randomly selected students participated in the project Youth 2000, with another 9,107 students participating in Youth ‘07. In both studies, participants were asked if they had had any exposure to sexual violence in the previous 12 months. In the earlier study, possible answers to the question of “Ever been touched in a sexual way or made to do unwanted sexual things?” were “never, one or two times, sometimes, often, maybe and not sure.” In 2007 the possible answers to this question were changed to “yes, no, not sure, I don’t want to answer this question.” The percentage of male students indicating they had been sexually abused in the previous 12 months dropped from 12% in 2001 to 5%, rising to 9% in 2012. The percentage of female students reporting sexual abuse in the previous 12 months did not show the same dramatic changes: 24% of female students in 2001, 20% in both 2007 and 2012. This suggested that most students do not disclose sexual violence, and male students are less likely to do so than female students.

Given the nature of sexual violence reporting, gender neutral findings should be treated with caution. It should also be noted that those students who had been sexually abused outside of the study parameters were not counted. The value of this study sits in its capacity to identify trends over time, which in this instance was complicated by the change in questions between 2001 and 2007. The study’s findings are summarised in the tables below. Table 1 (p. 13) summarises the exposure to violence over the previous 12 months and Table

---

<sup>1</sup> Although entitled Youth 2000, the data for this study were not gathered until 2001.

2 (p. 13) summarises the ages of those touched in a sexual way or made to do unwanted sexual things (New Zealand Family Violence Clearinghouse, 2014, p. 3).

**Table 1: Exposure to Sexual Violence in Previous 12 Months**

		Ever been touched in a sexual way or made to do unwanted sexual things			Last time sexual abuse happened it was pretty bad, really bad or terrible/very bad			Haven't told anyone about the sexual abuse		
		2001	2007	2012	2001	2007	2012	2001	2007	2012
<b>Total</b>		20%	12%	15%	28%	34%	37%	53%	60%	57%
<b>Gender</b>	Males	12%	5%	9%	18%	33%	25%	64%	71%	71%
	Females	24%	20%	20%	38%	34%	40%	55%	57%	53%

**Table 2: Age of those Touched in a Sexual Way**

	13 years and under	14 years	15 years	16 years	17 years or over
<b>2001</b>	15%	16%	16%	16%	19%
<b>2007</b>	10%	11%	14%	13%	13%
<b>2012</b>	12%	14%	17%	16%	17%

### **The Dunedin Multidisciplinary Health and Development Research Study (as at 2009)**

This study, known also as the Dunedin or DMHDS Study, is an ongoing longitudinal study of a birth cohort, 1,037 children born in Dunedin between 1972 and 1973. At 26 years of age the cohort was asked about contact child sexual abuse (Roode, Dickson, Herbison, & Paul, 2009). Of the 465 women and 471 men who participated in this part of the study, 30% of women and 9% of men reported unwanted contact sexual abuse before the age of 16.

### **The Ministry of Women's Affairs Sexual Revictimisation Study 2012**

This literature review was intended to provide a platform for considering policy and practice implications of sexual revictimisation and other forms of gender-based violence. The review confirmed that a significant proportion of sexual violence victim-survivors were subjected to repeat sexual victimisation. The Ministry of Women's affairs concluded that "at least 50% of girls and women who are sexually assaulted are likely to be sexually revictimised" and that victim-survivors of "child sexual abuse are twice as likely as non-victims to be sexually assaulted later in life" (Ministry of Women's Affairs, 2012, p. i).

## **Child Youth and Family Notifications 2013**

A recent study published by the Child Poverty Action Group (Wynd, 2013) investigated notifications to Child Youth and Family (CYF), the statutory agency responsible for the well-being of children and young people in New Zealand. While CYF records all notifications on an annual basis, only those that have been substantiated are published. Substantiated claims of sexual abuse range from 992 in 2008 to 1,355 in 2012 with a peak of 1,457 in 2011 (Wynd, 2013). Reference to New Zealand Police Statistics shows no such peak (New Zealand Family Violence Clearinghouse, 2014). As discussed above, reporting rates such as these do not provide an accurate picture of child sexual abuse. They are dependent on reporting and recording practices, and cannot be used to comment on trends because sexual violence is often not reported (New Zealand Family Violence Clearinghouse, 2013). However they do provide a minimum incidence rate of sexual violence towards children in New Zealand.

The studies reviewed above indicate that sexual violence towards children and young people occurs commonly in the New Zealand population. As in many other social statistics Māori, Pasifika and people with disabilities were over-represented. We explore the significance of this in the next section.

## **Over-representation of Māori**

The over-representation of Māori in the sexual violence prevalence rates is well documented in the literature (Balzer, 1999; Doone, 2000; Fanslow et al., 2007; Flett, Kazantzis, Long, MacDonald, & Millar, 2004; Hirini, Flett, Long, & Millar, 2005; Hook, 2009a, 2009e; Kazantzis, Flett, Long, MacDonald, & Millar, 2000; Koziol-McLain et al., 2004; Koziol-McLain, Remeka, Giddings, Fyfe, & Gardiner, 2007; Lievore, Mayhew, & Mossman, 2007; Marie, Fergusson, & Boden, 2009; Mayhew & Reilly, 2006; Rumbles, 2011).

One study (Hook, 2009a) exploring the National Crime Survey figures for 2000 noted that Māori made up 13% of the population but accounted for 50% of convictions for male to female sexual assaults. In 1996, the lifetime prevalence rate for Māori female sexual violence victim-survivors was 26.9% compared with 14.6% for New Zealand European victim-survivors, while in 2001 the lifetime prevalence rate for Māori female victim-survivors was 49.3% compared with 22.2% for New Zealand European female victim-survivors (Hook, 2009e).

An examination of the National Crime Survey statistics in 2008, highlighted that Māori conviction rates for male to female sexual assaults was 8-10 times higher than the rate for New Zealand/European males (Hook, 2009a). Mayhew and Reilly (2006) noted that Māori women experienced twice the rate of sexual violence than non-Māori.

There are various discourses and theories that seek to explain the over-representation of Māori in the sexual violence prevalence rate. They include: assertions that violence is endemic to Māori as an offshoot of a “warrior culture” (Woulfe, 2007); “spill-over” theory,

i.e. that violence spills over from sanctioned to non-sanctioned areas (Moewaka-Barnes, 2010); that violence is the result of the inability of Māori males to adapt traditional gender norms to those of modern society (Webb & Jones, 2008); or that violence is a consequence of colonisation, marginalisation or institutional racism (Hokowhitu, 2004; Hook, 2009e). While to unpack such assertions is beyond the remit of this report, in this report we believe there is more substance to the view expressed in the large body of literature that strongly implicates colonisation in the perpetuation of sexual violence within indigenous communities (Balzer, 1999; Doone, 2000; Flett et al., 2004; Hirini et al., 2005; Hook, 2009a, 2009e; Kazantis et al., 2000; Koziol-McLain et al., 2004; Koziol-McLain et al., 2007; Lievore et al., 2007; Marie et al., 2009; Mayhew & Reilly, 2006; Robertson & Oulton, 2008; Rumbles, 2011). According to this view, colonisation was responsible for institutionalising Western patriarchy as the dominant social structure, thereby undermining traditional values and practices that maintained both the status of indigenous women, and practices protective against sexual violence (Percival et al., 2010; Robertson & Oulton, 2008). Therefore it is imperative that indigenous perspectives are incorporated in SVPE programme design and delivery.

### **Over-representation of Pasifika in Taiwi**

Similar arguments for the over-representation of Pasifika in various demographics can be made (Percival et al., 2010). Notably, we found a scarcity of literature attempting to assess the incidence and prevalence of sexual violence among Pasifika people. Researchers have found that unwanted sexual touching varies significantly among young people from different ethnic communities (Percival et al., 2010). Mila-Schaaf, Robinson, Schaaf, Denny, and Watson (2008) found that 28% of female Pacific students reported they had been touched in a sexual way or made to do sexual things they didn't want to, an additional 1% replied "maybe" to this question. The findings for male Pacific students were 17% and 2% respectively. The researchers argued that the prevalence of unwanted sexual contact was higher among Pacific students when compared to New Zealand European students. *Pacific Pathways to the Prevention of Sexual Violence: Full Report* (Percival et al., 2010) stated "Pacific women may not recognise rape in marriage or other sexual violence experiences as a crime and therefore may not tell anyone, contributing to under-reporting..." (p. 6): an observation that is of concern but perhaps not entirely unique to Pasifika cultures.

### **Over-Representation of People with Disabilities**

People with disabilities are more likely to be sexually abused and assaulted than those with no impairment or disability (Jones et al., 2012). Although this is well documented, little research exists exploring the relationship between disability and sexual violence prevention. There are SVPE programmes designed for schools, but little literature is found about whether such programmes incorporate the needs of disabled students, or aim to educate all students about disability and sexual assault. We now examine studies that suggest that

people with disabilities are more likely to be sexually abused and assaulted than those with no impairment or disability, and examine findings that suggest direction for incorporating this perspective in the management and content of school-based SVPE programmes. In this review we will look for research that assists in identifying what secondary school students need to know about rape prevention in relation to disability; and how students with disabilities can learn skills to protect themselves.

A systematic review and meta-analysis to synthesise evidence for the prevalence and risk of sexual violence against disabled children funded by the World Health Organisation (Jones et al., 2012) identified a number of reasons for the increased vulnerability of those with disabilities to sexual violence. These included stigma, discrimination, negative beliefs, ignorance, lack of support for caregivers, communication difficulties, and insufficient care. This study also found that children with intellectual or mental disabilities were at greater risk than children with other types of impairments, and that there was a lack of research about peer-perpetuated violence against children with disabilities.

In the United States the Centers for Disease Control and Prevention (CDC) identified the imperative to target the needs of people with disabilities in their SVPE programmes (Basile, Lang, Bartenfeld, & Clinton-Sherrod, 2005). In their assessment of the CDC SVPE programme delivered in all state and territory health departments, and by other government agencies and sexual assault coalitions, Basile, Lang, Bartenfeld, and Clinton-Sherrod (2005) found that 50-70% of states reported activities designed for or inclusive of people with disabilities.

A number of studies reviewed targeted disability-specific groups. In the United States, a large ( $N = 4046$ ), cross-sectional, randomised control study was conducted with children aged 2-17 to identify associations between four disability types (physical disability, internalising disorders, such as PTSD, depression and anxiety, attention-deficit disorders and developmental and learning disorders) and four types of victimisation (peer assault and bullying, sexual victimisation, maltreatment and property crime) (Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011). This study utilised the Juvenile Victimization Questionnaire and was unique in its analyses in that it controlled for demographic factors and parental psychological and behavioural disorders. It also established the order of disability and victimisation, as victimisation could result in disability and this study focused on disabilities which were pre-existing before victimisation was identified. Because the sample of children and parents interviewed were from a community probability sample rather than from child protective services, police, hospital or school records, the results are more likely to reflect on the general population of children with these disabilities.

The researchers' hypothesis that sexual victimisation would be higher among those with internalising disorders was confirmed. In comparison to children with no disability, those with only internalising disabilities had 75% greater odds of sexual victimisation. All four types of victimisation were found to increase with age and if the child's mother had been diagnosed with a behavioural or psychological disorder. Furthermore, odds of sexual

victimisation were greater for girls than for boys. The researchers recommended larger, longitudinal studies and investigation by age group, to identify school transition periods as possibly riskier times for victimisation of children with disabilities. They also recommended that interventions for children with disabilities incorporate instruction in peer interaction, conflict management, healthy relationships and improved parent-child relationships.

Little similarly robust research about disability-specific statistics regarding abuse and violence has been found, but domestic violence prevalence and trends in Taiwan were analysed by Lin et al. (2010). They found that those with communication impairments, chronic psychosis, and intellectual disability had reported the most domestic violence, including sexual violence. Those with chronic psychosis, intellectual disability, vision impairment, hearing impairment and multiple disabilities showed significant increases in reported rates from 2006-2009.

Renowned disability researcher Shakespeare (2012) discussed disability hate crime in his review of the book *Disability, Hate Crime and Violence* (Roulstone & Mason-Bish, 2013). Shakespeare pointed out that unlike other hate crimes, disability-related hostility often involves someone known to the victim. He noted that the criminal justice system fails to respond appropriately to violence against disabled people and minimises the seriousness of such crimes. Convictions for such crimes have diminished despite dramatic increases in hate crimes towards disabled people. Crimes, including sexual assault, perpetrated upon disabled people, are underreported because of poor police practices and the fact that people with disabilities are not viewed as credible witnesses. Shakespeare raised further questions such as who perpetrates these crimes and what works to reduce the risk of people with disabilities becoming victims. Shakespeare touched on the issue of vulnerability to sexual abuse and assault from carers, which is a known phenomenon, but seldom addressed in any literature.

### **Disability and SVPE programmes**

Carmody (2009a) raised the topic of addressing social diversity in SVPE programmes, identifying that programmes may not necessarily work for all groups. She questioned how programmes can be designed to address the needs of people with disabilities who experience high levels of sexual violence. She recommended that because of the extreme variability of disability, groups must be worked with closely and creatively.

An Israeli study explored intellectual disability and abuse in adolescents, and made recommendations relating to SVPE (Reiter, Bryen, & Shachar, 2007). They reported a lack of awareness of the extent of abuse problems by teachers and social workers and unwillingness by the justice system to deal with it. Students with disabilities were found to be at greater risk for physical abuse in their neighbourhoods; were more likely to be forced to do something against their will; and reported more frequent abuse and more sexual harassment. In most instances of reported abuse, students with intellectual disabilities knew

their abuser; abusers were usually from the neighbourhood, or known to the family, or a service provider. Researchers recommended that more counselling services be provided, that larger scale investigations of abuse among children and adolescents with disabilities be undertaken, that programmes dealing with abuse and violence be re-examined and that those with disabilities be encouraged to disclose abuse. They suggested that those with intellectual disabilities be taught how to fight back, be assertive, resist an abuser and become aware of what abuse is and that it is illegal.

Similarly, a study that focused on those with intellectual disabilities and provided direction for their SVPE was conducted in South Africa, where rates of sexual violence are extremely high (Shabalala & Jasson, 2011). The study aimed to explore post-traumatic stress disorder symptoms (PTSD) in those who had been sexually assaulted and who had intellectual disability. The researcher interviewed 27 people with intellectual disabilities who had been sexually abused and were awaiting assessment from a community programme, and a control group of 27 who lived in the same community, and had no known history of rape or sexual assault. Caregivers were also interviewed. The Child PTSD Checklist was used. Results indicated that a higher percentage of those with intellectual disability who had been sexually abused had PTSD symptoms. Recommendations include caregivers being vigilant in looking for indications of flashbacks and physiological responses to reminders of sexual trauma in those with intellectual disabilities, especially in those with communication difficulties. This study found higher rates of avoidance symptoms such as avoidance of reminders and emotional numbing, than has been found in previous studies. Further, it found there was more prevalence of PTSD symptoms reported by those with intellectual disability than was reported by their caregivers.

Shabalala and Jasson (2011) were surprised to find PTSD symptoms also were present within the control group, hypothesising that it is a result of living with poverty, drug abuse and crime, prevalent in the community where the research was conducted. Recommendations included provision of appropriate therapy to those who have intellectual disability and who have been sexually abused. Educating caregivers about the impact of stress on people with intellectual disability could identify and alleviate PTSD symptoms in all of those who live with intellectual disability, whether that stress is related to sexual abuse or not.

Some implications for school based programmes from this review of available literature on children, disability and abuse, include a need to improve the rate of the number of school-based programmes that are inclusive and accessible to those with impairments.

Larger longitudinal studies related to children at risk due for abuse due to disability are needed as well as studies designed to stratify findings by age group. This could provide more useful information to school-based programmes.

School based programmes could focus on teaching those at risk about improving peer interactions, managing conflict, healthy relationships with peers, and with parents. School

based programmes could emphasise that children and adults living with disability have rights and can speak up for themselves and get assistance to obtain protection and justice if necessary. Practical advice, written in easy to read language, is provided in this area, by NZ People First and Kidpower websites.

The studies reviewed for this report raise questions about what secondary school students need to know about rape prevention in relation to disability; and how students with disabilities can learn skills to protect themselves. As with Māori and Pasifika over-representation, reasons for the lack of research on people with intellectual and other types of disability in relation to SVPE is beyond the scope of this report. Suffice to say such research is essential to underpin any training for students in these social groups.

## Impacts and Costs of Child Sexual Abuse

The psychological and social impacts of child sexual abuse are well documented in the literature. Adult victim-survivors of child sexual abuse experience more immediate as well as long-term negative health impacts than non-abused people (Sachs-Ericsson, Cromer, Hernandez, & Kendall-Tackett, 2009). Although victim-survivors might not consciously link negative bio-psychosocial effects to the victimisation they have been subjected to, victim-survivors of child sexual abuse consistently report health issues that include physical problems such as gynaecological disorders, headaches, breast cancer and mental health issues such as depression, suicide attempts or post-traumatic stress disorder. The physical and psychological impacts have been summarised in Table 3 below (Jülich, Sturgess, McGregor, & Nicholas, 2013, p. 12).

**Table 3: Physical and Psychological Effects of Sexual Violence**

<p>IMMEDIATE EFFECTS OF SEXUAL ASSAULT</p> <p>Non-genital trauma, genital trauma, sexually transmitted infections (STIs), pregnancy, emotional numbness, disorientation, disbelief, denial, self-blame, feelings of loneliness, vulnerability, helplessness, sleeping difficulties, somatic complaints (headaches, nausea, fatigue, muscle tension), feeling overwhelmed, fear, anger, shame, guilt, humiliation.</p>
<p>LONG-TERM EFFECTS OF SEXUAL ASSAULT</p> <p>Depression, anxiety, fear, dissociation, low self-esteem, sexual dysfunctions, confusion about sexuality, health anxiety, eating disorders, altered body image, alcohol and substance abuse, gynaecological symptoms including infertility resulting from STIs, irritable bowel syndrome, <b>nightmares, intrusive memories / thoughts, hyperarousal, irritability, emotional numbing, increased startle response, hyper vigilance, avoidance</b>, social and emotional isolation, relationship difficulties, lack of trust, distorted cognition of self and the world, behavioural</p>



reactions (change in lifestyle, acting out such as promiscuity or prostitution), suicidal ideation, attempted suicide.

*Note:* The constellation of items in bold type is also summarised by Post Traumatic Stress Disorder (PTSD).

Adapted from Pechtel, Ryan and Woolley (2005, p. 4)

Since the early 1990s, researchers have increasingly investigated the financial costs of sexual violence. Partially, this has occurred in recognition of the prevalence of sexual violence and the costs that impact on individuals, families, employers, and taxpayers. While it might appear crass to reduce the impacts of sexual violence to dollars and cents, this is the language of policy makers. Financial costings highlight the magnitude of the problem, encouraging governments to support prevention efforts and minimise the costs of sexual violence. Resources are limited and so cost-effectiveness is paramount, and in order to demonstrate cost-effectiveness we must first understand the costs. Although most costing analyses have tended to investigate collective costs, research has consistently found that victim-survivors of sexual violence “bear the largest portion of costs, particularly when compared with other types of crime” (Jülich et al., 2013).

Quantifying the economic costs of sexual violence is difficult (Jülich, 2001). Costing analyses are not straightforward, methodologies are controversial, and vary across studies exacerbating meta-analyses. Costing analyses require economic tools to be applied to a social issue that traditionally has been viewed from the perspective of law, criminology, sociology and psychology (Laing & Bobic, 2002). Not surprisingly, researchers working to identify the cost barriers to recovery in New Zealand noticed that while a number of victim-survivors criticised the focus on financial costs, others had not previously considered financial costs (Jülich et al., 2013). Indeed, some commented, as have researchers (Zimring & Hawkins, 1995), that the intangible costs of pain, fear, suffering, loss of opportunity and quality of life cannot and should not be monetised. Typical costing analyses for criminal activity, such as Suzanne Snively’s (1994) costing of family violence in New Zealand, are derived from reports to the police. The various services that could be engaged by both victim-survivors and offenders are identified; the costs are determined and then extrapolated across the estimated population that might have been affected by that crime. Accurate costing analyses, in this instance of sexual violence in particular, are dependent on the quality of data that government agencies gather and an in-depth understanding of all the costs that this particular crime might generate.

Despite these difficulties there are a number of costing analyses that provide an indication of the financial costs generated by sexual violence. A North American study completed in the mid-1990s found the cost of one incident of sexual violence to be \$US87,000 per

incident, or \$US508 per US resident (Miller, Cohen, & Wiersema, 1996). These costs excluded prosecution and incarceration costs. In 2003, the Australian Institute of Criminology estimated that sexual assault cost \$A2,500 per incident, including \$A200 in medical costs, \$A1,100 in lost output, and \$A1,200 in intangible costs (Mayhew & Adkins, 2003). A British study by Dubourg, Hamed and Thorns (2005) suggested the costs of sexual violence were £31,438 per incident, while a New Zealand Treasury working paper estimated \$NZ72,130 per incident of sexual violence, including intangible costs of over \$NZ50,000 (Roper & Thompson, 2006).

### **Implications for School-Based SVPE in New Zealand**

In this section we have seen that reliable statistics indicating the size, impact and costs of the problem of sexual violence are notoriously difficult to gather. Estimates for either incidence or prevalence rates vary from study to study. Study designs vary, as do definitions of sexual violence. Questions asked of respondents vary, different population groups are investigated, and the training of interviewers varies. The most reliable data available in New Zealand is drawn from such studies as the Youth 2000 series, the Dunedin Multidisciplinary Health and Development Research study and the New Zealand Violence Against Women Study: these indicate that the problem is significant. Experts in the field use these studies to estimate that at any given time the proportion of young people experiencing sexual violence as a child or young person is 1 in 4 girls and 1 in 8 boys. Marginalised groups such as Māori, Pasifika and the intellectually or physically disabled are over-represented. That is, these groups are significantly more likely to experience sexual violence than other social groups.

The physical and psychological effects of sexual violence are significant and have lifelong impacts on victim-survivors. Such impacts are well documented in the literature. More recently, researchers have investigated the economic impacts of sexual violence. Although studies that attempt to assess economic impacts experience similar difficulties to those attempting to assess incidence and prevalence rates of sexual violence, a review of such studies, both overseas and in New Zealand, indicates that the economic impacts on individuals, families, employers and taxpayers are significant. For those children and young people who experience ongoing sexual violence in their lives the costs are significantly higher.

There should be no doubt as to the size of the problem, the impacts and the costs associated with sexual violence. Addressing sexual violence requires a multi-pronged approach. However, as Hyde and colleagues (2011) noted “adolescence is a time when young men and women develop attitudes, expectations and practices concerning relationships and intimacy (Carmody, 2009c) and is therefore seen as an ideal time to introduce respectful relationships education” (p. 6). They argued that such programmes have been identified as the most effective interventions for the primary prevention of sexual violence. The World Health Organisation (2010), a year later, similarly argued that to

date a school-based programme is the only strategy that has proven to be effective in addressing violence within dating relationships.

The statistics for sexual violence towards children and young people in New Zealand demonstrate a clear need for early SVPE, and provide a robust rationale for school-based SVPE programmes. In the next two chapters we review national and international SVPE programmes that target young people, and may provide direction for the management and content of school-based SVPE in New Zealand.

### **Chapter 3: SVPE Programmes: A New Zealand Overview**

In the next two chapters we provide an overview of management and content features of SVPE programmes in New Zealand and internationally. We begin by considering definitions of relationship violence, and effectiveness in relation to SVPE programmes, provided by a comprehensive, New Zealand-based 2013 literature review. This review was undertaken on behalf of the New Zealand Families Commission regarding the effectiveness of school-based relationship education programmes in New Zealand and internationally (Ball, 2013).

The review defined relationship violence as psychological, physical or sexual violence within a heterosexual or same-sex romantic or “dating” relationship, irrespective of whether it was casual, steady or new. While the term “dating” has not traditionally been used in the New Zealand context when referring to romantic relationships between young people, the term “dating violence” is frequently used in the New Zealand literature and reflects its use in much of the relationship education literature, which is North American. The review identified three main bodies of relevant literature: social and emotional learning/wellbeing (SEL); dating violence, located in the broader field of violence prevention and overlapping with SEL literature; and sexuality education. The review of those programmes that focused on sexual violence is of specific interest in the context of this report.

Although it could not locate any robust evaluations of school-based programmes addressing violence within adolescent relationships, Ball’s (2013) review deemed a number of programmes “effective.” It is difficult to define effectiveness, and there was considerable debate on this point in the literature. Traditional evaluation methodologies that focused on narrow quantitative outcomes such as increased condom usage or reduced teen pregnancy were deemed to provide limited insights into the health of an intimate or romantic relationship. All too often evaluations tended to be little more than satisfaction surveys conducted soon after programmes were completed without investigating long-term attitudinal changes or knowledge retention. However, even attitude change and increased knowledge did not in themselves ensure changes in behaviour. Likewise, decreased disclosures of sexual violence were not necessarily an indicator of a programme’s success. The review found that education, raising levels of awareness of sexual violence, informing young people of their rights, and creating expectations as to how healthy relationships are conducted could lead to increased disclosures of sexual or other forms of violence within relationships.

#### **Management Features of SVPE in New Zealand**

Information about the participants, location, timing and duration (“the who, where and when”) of SVPE throughout Aotearoa New Zealand was provided in a recent project completed by Sandra Dickson (2013) of Te Ohaakii a Hine – National Network of Ending

Sexual Violence Together (TOAH-NNEST). This stocktake of tauiwi and bicultural sexual violence primary prevention activities identified a total of 25 SVPE programmes that could be classified as primary prevention.

## **Participants**

Participants in SVPE programmes include students and educators (also variously called teachers, facilitators or trainers).

### ***Students***

Almost 26,000 people attended sexual violence prevention programmes in 2011, with nearly half of these people attending one programme. The majority of programmes (18) targeted teenagers while just 6 programmes worked with children under the age of 12.

### ***Educators***

Educators were trained to deliver prevention programmes internally or through a mixture of internal and external training. “Dealing with Disclosures” training was received by nearly all staff. Most agencies are engaged with training professionals, such as teachers in school environments and significantly 20 programmes provided clinical of some sort.

## **Location**

The most popular venues for SVPE programmes were schools or early childhood centres. In New Zealand “sexuality education” is mandated under the policy “Tomorrow’s Schools” and falls under Health and Physical Education, one of the eight learning areas in the national school curriculum. All schools manage the structure and organisation of that curriculum according to the needs of their students and communities; in relation to Health and Physical Education, schools are required to consult with their communities every 2 years. Parents must be made aware of the content of Health Education, sexuality in particular, and can opt to withdraw their children from these programmes.

## **Timing and duration**

Of the 25 programmes identified, 10 had been delivered for less than 3 years and 8 for more than 17 years. Fourteen programmes were delivered over 3 sessions or less and the most common delivery was just 1 session, which according to best practice guidelines developed in Australia is not conducive to promoting behaviour change (Carmody et al., 2009). Most programmes (16) were delivered in sessions of 20 minutes or less. Seven respondents delivered programmes more than 50 times annually and of these 2 were government agencies.

## **Content Features of SVPE in Aotearoa New Zealand**

Information about the topics, learning outcomes and teaching methods (“the what, what for and how”) of SVPE for young people in New Zealand were well articulated in the messages and practice of the Auckland-based organisation RPE (Rape Prevention Education: Whakatu Mauri, 2014).

### **Topics and learning outcomes**

RPE programmes specifically promote respectful sexual relating and aim to prevent sexual violence (Ball, 2013). They build understanding of sexual consent, rights and responsibilities, and raise awareness of specialist sexual violence services and places of information for both victim-survivors and those with sexually harmful behaviour. The programmes aim to build skills to utilise explicit, rather than implicit, sexual consent using the four steps to consent<sup>2</sup>; they also foster help-seeking skills in young people.

### **Teaching methods and approaches**

RPE programmes employ a proactive bystander approach to SVPE (Ball, 2013). RPE’s approach is sex-positive, strengths-based and, particularly in the school setting, developmental. Their approach takes a critical stance to build awareness of wider determinants that contribute to sexual disrespect or harm, such as traditional gender norms, pornography and rape culture.

---

<sup>2</sup> See RPE website for more information [www.rpe.org.nz](http://www.rpe.org.nz)

**Table 4: New Zealand SVPE Primary Prevention Programmes and Initiatives**

The following programmes typify those that are delivered to schools nationally.

<b>Name</b>	<b>BodySafe</b>	<b>Sex'n'Respect</b>	<b>Loves-Me-Not</b>	<b>Keeping Ourselves Safe</b>
<b>Aspect</b>				
<b>Who</b> <ul style="list-style-type: none"> <li>Targeted participants</li> <li>Educators</li> <li>Funders</li> </ul>	<ul style="list-style-type: none"> <li>RPE's largest mainstream secondary school programme</li> <li>Years 9, 10 and 11</li> </ul>	<ul style="list-style-type: none"> <li>RPE's follow-up to BodySafe</li> <li>same student cohort 1 or 2 years older</li> </ul>	<ul style="list-style-type: none"> <li>currently being trialled and evaluated in 9 schools around New Zealand</li> <li>developed in partnership with the Not Ok campaign, the Police and the Sophie Elliott Foundation (It's Not Ok, 2013)</li> </ul>	<ul style="list-style-type: none"> <li>significant programme developed by the NZ Police School Community Service (SCS)</li> <li>targets children and young people in schools by providing age-appropriate programmes up to Year 13 (New Zealand Police, 2012)</li> </ul>
<b>Why</b> <ul style="list-style-type: none"> <li>Purpose of programme</li> <li>Rationale for funding</li> </ul> <b>So that</b> Desired change as result of learning	Aims to: <ul style="list-style-type: none"> <li>prevent the incidence of sexual violence, victimisation and perpetration within adolescent populations</li> <li>connect adolescent victim-survivors to specialist sexual violence support agencies</li> </ul>	Aims to: <ul style="list-style-type: none"> <li>promote ethical, respectful and safe relationships between young people</li> <li>reduce alcohol-facilitated sexual violence</li> <li>inform young people about respectful sexual relating in social environments where alcohol is being consumed</li> <li>increase initiative and confidence to safely intervene as bystander</li> </ul>		Aims to: <ul style="list-style-type: none"> <li>provide a range of interpersonal communication strategies</li> <li>encourage help-seeking if abused</li> <li>raise level of parents and teachers' awareness of responsibilities for keeping children safe</li> </ul>
<b>When and where</b> <ul style="list-style-type: none"> <li>Date, time, venue</li> </ul>	<ul style="list-style-type: none"> <li>delivered in Auckland secondary schools since 2004</li> </ul>	<ul style="list-style-type: none"> <li>three interactive sessions for 15-17 year old students</li> <li>1 or 2 years after BodySafe</li> </ul>		

Name	BodySafe	Sex'n'Respect	Loves-Me-Not	Keeping Ourselves Safe
Aspect				
<b>What</b> <i>Skills, knowledge, attitudes</i>  <b>What for</b>   <i>Learning Outcomes</i>  <b>How</b> <ul style="list-style-type: none"> <li>Teaching approach</li> <li>Resources</li> </ul>	<ul style="list-style-type: none"> <li>Understanding the legal definition of consent, negotiating consent skills, developing help-seeking behaviours</li> <li>Knowledge of specialist SVP support services, and rights and responsibilities in sexual relationships</li> </ul> None specified	<ul style="list-style-type: none"> <li>repetitive delivery of age-appropriate messages that meet the developmental needs of the young person</li> <li>Defines terminology to do with sexuality and sexual violence, including consent, coercion, sexual harassment, rape, date rape and abusive relationships</li> </ul> None specified		Focus on prevention of child abuse. Sexual violence is included, but main focus is various forms of child abuse physical, sexual, emotional and neglect. 5 modules: <ul style="list-style-type: none"> <li>Knowing What to Do (Years 0-3)</li> <li>Getting Help (Years 4-6)</li> <li>Standing Up for Myself (Years 7-8)</li> <li>Confident Kids (Years 0-8)</li> <li>Building Resiliency (Years 11-13)</li> </ul> No Learning Outcomes specified



## **Evaluations of New Zealand SVPE programmes**

Dickson's (2013) stocktake of New Zealand SVPE programmes found that most respondents self-evaluated their programmes (19) and these were based on: participant satisfaction (all respondents); behavioural intent (6 respondents); or actual behaviours (4 respondents). Large-scale evaluations of sexuality programmes in schools were undertaken by the Education Review Office in 2006 (2007a, 2007i). Findings from the following evaluations provide direction for the management and content of effective SVPE in New Zealand.

### **School-based sexuality education**

The Education Review Office (ERO) regularly conducts evaluations on school curricula and in 2006 it conducted an evaluation on the quality of sexuality education programmes for Years 7 to 13 across 100 primary (full primary and intermediate) and secondary schools throughout New Zealand (Education Review Office, 2007a). This review found many good examples of how schools had worked together with students, families and community organisations to identify and respond to student needs in relation to sexuality education. However, the evaluation found that the majority of sexuality education programmes were not effectively meeting the learning needs of students. In particular, there were two content-related areas of weakness: firstly, assessing students' learning of sexuality education and secondly, meeting diverse needs across student groups.

### ***Management-related recommendations***

In relation to the management of sexuality education programmes, the 2006 ERO review recommended that schools should consult with the community every 2 years on how the school intends to implement the health curriculum, of which sexuality education is a part. It found that the most effective schools:

- acknowledged a strong student need for being taught potentially awkward topics by approachable and empathic teachers;
- ensured teachers had the opportunity of further professional development;
- fostered a school-wide ethos of respect, safety and inclusiveness;
- communicated effectively with school community and parents.

(Education Review Office, 2007i)

A glaring omission of this review was any reference to the needs of students with intellectual or physical disabilities except for the conflation of students with a host of different needs including cultural background and gender identity under the broad umbrella of "diversity".

### ***Content-related recommendations***

In relation to the content of sexuality education programmes, the ERO review recommended that schools should:

- Develop and implement school-wide guidelines for the planning, development and delivery of sexuality education;
- Collect, analyse and use assessment information to track students' progress and achievement in sexuality education, and adapt programmes to meet students' needs;
- Provide students with a safe and inclusive learning environment that supports the effective delivery of sexuality education;
- Ensure that programmes contain information about support services;
- Develop staff capability to deliver sexuality education programmes;
- When using external providers to deliver aspects of sexuality education ensure that:
  - the external provider delivers an identified part of the planned programme;
  - the external provider's contribution is integrated into the overall approach; and
  - schools review and monitor the quality and effectiveness of the programme delivered by the external providers; and
  - Regularly review the appropriateness of school sexuality education to ensure it meets the learning needs of all their students.

The ERO (2007i) review found that the most effective schools:

- Organised their sexuality programme premised on strong positive relationships and the emotional aspects of sexuality,
- Supported their teachers to develop an effective student-centred sexuality programme;
- Encouraged teachers to provide for the needs of a diverse group of students;
- Had undertaken or were in the process of completing a school-wide review of sexuality education programme;
- Collected school-wide student achievement information in sexuality education to plan for students' needs;
- Monitored the programmes delivered by outside organisations.

## **School-based relationship and SVP education**

A comprehensive review of school-based relationship education, including programmes targeting sexual violence prevention, was commissioned by the Social Policy Evaluation and Research Unit of the Families Commission in 2012 (Ball, 2013).

### ***Management findings***

In relation to the management, and in particular the evaluation, of these programmes, this review found that:

- There were no school-based relationship education programmes with robust evaluations of long-term impact, i.e. undertaken more than 6 months post-intervention.
- No formal evaluations were found for school-based programmes specifically addressing sexual violence. As the ERO (2007a) evaluation also found, this review found that sexuality education within many New Zealand secondary schools was poorly implemented and did not meet the learning needs of students.
- The effectiveness of sexuality teaching was not affected by the use of external providers: “both the most effective and least effective schools used external providers to varying degrees” (Ball, 2013, p. 52).
- Ball (2013) noted the Positive Behaviour for Learning (PB4L) initiative which is intended to improve students’ engagement and achievement. This approach is a secondary prevention mechanism. However, it is underpinned by strong restorative practices pedagogy, which focuses on the development of respectful relationships (Ministry of Education | Te Tāhuhu o Te Māturanga, 2014) and hence could be adapted within an SVPE context to help generate primary prevention.

### ***Content findings***

In relation to the content of these programmes, this review found that:

- Social and emotional learning programmes such as *Kiwi Can*, and *Life Education and Attitude* showed evidence of behavioural change and skill development, but they are not specifically focused on sexual violence.
- School-wide efforts aimed at improving relationships, behaviour and school culture could be successful, particularly when grounded in Māori relational concepts and practices.
- In terms of SVPE programmes, both *Love Bites* and *Loves Me Not* were commended for their capacity for being informative, age appropriate, “thought provoking” and resulting in knowledge gains; *Love Bites* in particular provided some students with strategies to avoid issues in their own relationships. However, some students

criticised the lack of examples of same-sex relationships and the fact that “males were cast solely as the perpetrators of violence” (Ball, 2013, p. 51). The programme *Loves Me Not* was effective in raising young people’s awareness of the difference between “healthy” (equal) and “unhealthy” (controlling) relationships, and of the warning signs of abuse.

- Programmes addressing prevention of domestic and family violence as well as sexual violence, such as *Love Bites* and *BodySafe*, were well-received by students; there was evidence of knowledge gains and changes in behaviour intention, though not in behaviour.
- Almost all students said the *BodySafe* programme had changed the way they would act in situations where they thought they might be at risk. However, there was no longer term evaluation of this programme and the evaluation of programme outcomes was based on retrospective views of teachers and students. A summary of a recent review of *BodySafe* (2010) is provided below along with a quality rubric used for this evaluation (see Figure 2: Quality Rubric, p. 33).

### **BodySafe Programme**

An evaluation of the *BodySafe* programme was carried out by Dickinson et al. (2010) from Massey University’s SHORE and Whariki Research Centre on behalf of RPE. A key objective of the evaluation was to assess the extent to which *BodySafe* had a positive effect on its stakeholders, namely school staff and the students/youth who had engaged with the programme. The data was drawn from 10 schools and used evaluations from questionnaires completed by 1,104 students, 10 focus groups of young people, 27 direct observations of classroom teaching of the programme and 16 semi-structured interviews of health teachers, school counsellors, and *BodySafe* educators. The main findings of this evaluation were as follows:

In terms of primary prevention and behaviour change

- 93% of the students were able to describe a legal definition of giving consent for participation in a sexual relationship; and
- 85% of students understood what constituted sexual violence.

In terms of dealing with “risky situations”

- 93% of students stated that the SVPE programme had changed the way they thought and/or would act,
- 48% said their behaviour would change “very much” or “extremely” and
- 45% said their behaviour in these situations would change “moderately.”

With regards to the context of risk

- 61.99% of Pasifika students, 43.42% European, 55.41% Māori, 35.09% Asian and 52.91% Indian/Pakistani/Sri Lankan students stated that the *BodySafe* programme had changed the way they would behave in risky situations; and
- 99% of students knew where to access support should they become victims of sexual violence.

(Dickinson et al., 2010)

The evaluation team, using a quality rubric (see Figure 2, p. 33), endorsed the programme and reported the following:

Evidence that the short-term outcomes have been well met with most students indicating increased knowledge of laws relating to sex, increased knowledge and skills about safety and increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes were identified (Dickinson et al., 2010, p. 9).

One concern that emerged from interviews with school staff was that liaison with schools varied from “very comprehensive to moderate” (Dickinson et al., 2010, p. 6). This suggested further work needed to be done in this area to ensure that students were better prepared to take up the programme. With regard to the evaluation it should be noted that this was a short-term evaluation conducted 6 months after the completion of the *BodySafe* programme.

**Figure 2: Quality Rubric**

Rating	Explanation (how you decide merit)
Excellent	Evidence that the programme design, content and implementation is of very high quality. Evidence that the liaison with schools allows for full understanding of the BodySafe programme and its purpose. Evidence that students are very well prepared and feel very safe participating in the programme. Evidence that the programme is very well facilitated and the delivery style is very appropriate for students. Evidence that the generic programme is very suitable and appropriate for a wide range of students.
Very good	Evidence that the programme design, content and implementation is of high quality. Evidence that the liaison with schools allows for understanding of the BodySafe programme and its purpose. Evidence that students are prepared and feel very safe participating in the programme. Evidence that the programme is well facilitated and the delivery style is very appropriate for students. Evidence that the generic programme is very suitable and appropriate for a wide range of students.
Good	Evidence that the programme design, content and implementation is good quality. Evidence that the liaison with schools allows for some understanding of the BodySafe programme and its purpose. Evidence that students are reasonably well prepared and feel safe participating in the programme. Evidence that the programme is well facilitated and the delivery style is mostly appropriate for students. Evidence that the generic programme is suitable and appropriate for a range of students.
Poor	Evidence that the programme design, content and implementation is lacking quality. Little evidence of appropriate liaison with schools with most schools having little understanding of the BodySafe programme and its purpose. Students are not prepared for the programme and very few feel safe participating in the programme. The programme is poorly facilitated and the delivery style is inappropriate for students. The generic programme is not very suitable or appropriate for most students.
Insufficient evidence	Evidence unavailable or of insufficient quality to determine performance

(Dickinson et al., 2010, p. 7)

## **Implications for School-Based SVPE**

The core requisites identified by the ERO (2007a) for effective sexuality education programmes create several challenges for schools seeking to develop SVPE. This kind of specialist education generates unique and complex scenarios that cannot be accommodated within the confines of sexuality education, taught under the auspices of a sexual health curriculum. Such problems are not just pedagogical, theoretical or conceptual but go to the heart of the relationship based nature of the teaching and which require skills that are central to occupations such as counselling and social work. This is not to suggest that teaching staff do not, or cannot be trained in these skills, but that such skills training needs to be factored into any training and professional development and serious attempts at resourcing this needs to be considered if SVPE is to achieve its objective of primary prevention.

## **Management features of effective SVPE in New Zealand**

Currently the majority of the 25 SVPE programmes within New Zealand target teenagers in Years 9 to 12, with only 6 catering for children under the age of 12 (Dickson, 2013). Programmes are usually located in either schools or early childhood centres. Contrary to good practice guidelines (Carmody et al., 2009) the most common form of delivery is a 'one-off' workshop or lecture of twenty minutes duration. Training for SVPE educators generally focuses on programme content rather than theories of pedagogy or andragogy, or dealing with disclosures; it is encouraging to note that the majority of programmes (20 of 25) provide some form of clinical supervision (Dickson, 2013).

The ERO (2007a) omitted to differentiate between general sexuality education and SVPE. SVPE is a specialist area which may be best suited to a psycho-therapeutic group work approach (see Chapter 6). Teachers need training in relevant group work skills and clinical support in dealing with the impact of vicarious trauma as a result of listening to students' experiences or students' exposure to the subject matter, as well as with potential violence generated by students' participation in the programme. Teachers also need knowledge of help-seeking skills and specialist sexual violent support services. There are abundant examples from reviews (Ball, 2013; Dickson, 2013) of teachers displaying an empathic and approachable demeanour to create a safe learning environment for students to raise awkward and sensitive topics. However, there are also examples where students found the programme approach insensitive, dehumanising or humiliating, or felt they were belittled or not heard (Russell, 2008). Thus, it must be acknowledged that the ability to create a safe environment to facilitate the discussion of sensitive topics depends not only on a teacher's empathy and confidence with the issues but also on the thoroughness of their SVPE training, particularly with regard to the more sensitive issues such as dealing with disclosures. However, the necessary opportunities for ongoing professional development have serious funding, resource and workload implications for schools, particularly when that training will need to address content issues as well.

The ability to foster a school-wide ethos of respect, safety and inclusiveness also depends in a large-part on the leadership and communication skills of individual teachers, in particular head teachers. Such skills can also be utilised to generate effective communication with the wider school community as well as parents/caregivers. This can be achieved via a whole-school approach as well as by involving parents/caregivers and community members in the SVPE curriculum through supporting students with homework tasks such as reflective journals, or by inviting their involvement in individual lectures, workshops or discussion groups (Carmody et al., 2009; Russell, 2008).

### **Content features of effective SVPE in New Zealand**

In terms of programme content, the ERO (2007a) recommendation to develop school-wide policies for planning and delivery of SVPE should be readily achievable. Under the auspices of the “Tomorrow’s Schools” policy schools are already mandated to do this for sexuality education and policies could be adapted and tailored for SVPE. The problem of tracking students’ progress and attainment in SVPE could be addressed by integrating sexual violence prevention as a specialist subject in the wider school curriculum and by setting clear and specific learning outcomes accompanied by clearly defined assessment methods with structured phases and levels.

### **Teaching methods**

New Zealand SVPE Programmes are commended (Ball, 2013) for their range of subject matter, for addressing the emotional and relational aspects of sexual relationships and for having clearly articulated objectives in promoting primary prevention. For many SVPE programmes this is achieved through the development of a common skills-set that includes understanding consent, learning about rights and responsibilities, and raised awareness of specialist sexual violence support services. RPE programmes have been highlighted in this review because they are underpinned by a clearly articulated pedagogy which includes a strengths-based approach and a proactive bystander behavioural stance, together with a critical understanding of the wider socio-political and economic determinants of sexual violence (Rape Prevention Education: Whakatu Mauri, 2014).

The lack of guidance on strategies for inclusion or dealing with diversity is a crucial barrier to the development of educator capacity to deliver SVPE. Although there is some guidance on addressing the SVPE learning needs of Māori and Pasifika students (Percival et al., 2010; Russell, 2008) there is a scarcity of research on addressing the needs of students with intellectual and physical disabilities. This was a glaring omission in the ERO report (2007a) and may have something to do with the Western taboo on the sexual agency of people with physical or intellectual disabilities (Cambridge, 1997). This critique aside, a particular strength of New Zealand SVPE programmes, as noted by Ball (2013), was the clear aims and objectives of programmes aimed at primary prevention. Most of the programmes which



targeted teenagers taught legal definitions of consent and focused on the emotional aspects of sexual relationships.

### **Learning outcomes**

Two vital omissions in the SVPE programmes were the lack of reference to learning outcomes and the failure to include group work skills training for facilitators. This is not to suggest that they are absent, or to suggest that learning outcomes are not implicitly indicated through the curriculum, simply that there is a lack of specific learning outcomes cited and linked to particular curricula activities, assessment and evaluation. However, as we will see in Chapter 4 these omissions are not unique to the New Zealand context but seem to be a feature of the international terrain in the field of SVPE.

## Chapter 4: SVPE Programmes: An International Overview

In this chapter we provide an overview of management and content features of SVPE programmes internationally. We begin by reviewing our closest neighbour, Australia, and then turn our attention to the United Kingdom (UK) and North America.

### Australia

While Australia leads the Asia-Pacific region in developing and evaluating programmes that address violence prevention and healthy relationships, few meet good-practice criteria and even fewer have been rigorously evaluated (Carmody et al., 2009). They identified good-practice criteria as follows:

1. A whole-school approach,
2. A programme framework and logic,
3. Effective curriculum delivery,
4. Relevant, inclusive and culturally sensitive practice,
5. Impact evaluation.

Popular and well used programmes, such as *Solving the Jigsaw* (Victoria), *Keeping Safe* (South Australia) and *Love Bites* (NSW) have not been evaluated in any substantial or systemic way (Flood, Fergus, & Heenan, 2009). The only Australian programmes that have been substantially evaluated are Victoria's CASA House<sup>3</sup> programme the *Sexual Assault Prevention Programme for Secondary Schools* (SAPPSS) and the *Respect, Protect, Connect* healthy relationships programme (Flood et al., 2009). Although the evaluations of these two programmes do not meet any scientific standards for rigorous evaluation of effectiveness, they are significant in that impact of the programme has been substantially evaluated (Flood et al., 2009). These two programmes were also identified as meeting the good-practice criteria as was *Solving the Jigsaw* (Flood et al., 2009).

In this section we review the SAPPSS programme and *Respect, Protect, Connect*. These two programmes aim at reducing violence within relationships which includes sexual violence.

---

<sup>3</sup> CASA (Centre Against Sexual Assault) House is located in the Queen Victoria Women's Centre, Melbourne, Australia. Among other services CASA House provides community and professional training for those working with victim-survivors of sexual assault (see <http://www.casahouse.com.au> for more information). CASA House is available at a number of sites throughout Victoria; the first was established at the Royal Women's Hospital of Victoria, Australia (see <https://www.thewomens.org.au/health-professionals/violence-and-sexual-assault> for more information). The CASA Forum is the peak body of 15 CASAs and the Victorian after-hours sexual assault crisis line (see <http://www.casa.org.au/> for more information), much in the same way as TOAH-NNEST is in New Zealand (see <http://toah-nnest.org.nz/> for more information). However, TOAH-NNEST also offers a bicultural and more comprehensive response.

*Solving the Jigsaw*, while it might reach the best-practice criteria, is focused on addressing bullying rather than sexual violence.

### **Sexual Assault Prevention Programme for Secondary Schools (SAPPSS)**

The SAPPSS programme introduced into Victorian secondary schools in 2004, is now identified as the leading practice in Victoria (Ball, 2013; Flood et al., 2009). Hyde and colleagues (2011) described this programme as a comprehensive, whole-school model aiming to develop long-term working partnerships between sexual assault services and the school so that a culture change can be sustained over time. In 2011, SAPPSS was being delivered in 20 schools across Melbourne. CASAs and other sexual assault services elsewhere in Australia had also begun to pilot SAPPSS in their areas.

There are three main aims of SAPPSS programmes (Hyde et al., 2011, p. 6):

1. To reduce the incidence of sexual assault in school communities;
2. To establish safe environments for young people and school staff to discuss relationships, consent and communication;
3. To enhance the capacity of secondary schools to respond to sexual assault and provide young people with access to support.

The various phases and components of SAPPSS include the following (Hyde et al., 2011, p. 7):

- Whole-of-staff professional development on the issues of sexual assault and the aims of the SAPPSS model;
- Six-session, gender-specific curriculum for Year 9 and 10 students;
- Train-the-Trainer workshops for key groups of teaching and support staff;
- Peer educator training for students in Years 11 and 12; and
- Evaluation embedded throughout the model.

The curriculum for Year 9 and 10 students includes (Hyde et al., 2011, p. 7):

- *Definitions and statistics regarding sexual assault.*

Students are generally very surprised to find out about the high prevalence of sexual assault and the broader range of behaviours that constitute sexual assault.

- *Consent and communication, including the legal definition and ages of consent.*

This is usually co-delivered by a trained police officer from the Victoria Police Sexual Offences and Child Abuse Unit (SOCAU). The topic includes discussions about

pressure and coercion, the barriers to speaking up about what you want (or don't want) in a sexual situation and the importance of non-verbal communication.

- *Respectful relationships and communication.*

Students have the opportunity to brainstorm what respect and non-respect look like in different types of relationships and explore the role of sexual consent in this.

- *The impacts of sexual assault for victim-survivors.*

This includes exploration of the barriers for victim-survivors to speak up and the ways that young people can help a friend who has experienced violence.

- *Actions and strategies to prevent sexual assault.*

Students look at the responsibility of bystanders and how they can intervene safely to prevent violence. They also develop slogans and social messages that could be used to prevent sexual assault in the broader community.

Delivery strategies include small group work, DVDs and scenarios that encourage dialogue and discussion on each of the topics (Hyde et al., 2011). The curricula aim to build knowledge and facilitate discussion about attitudes. Educators are trained to model the skills needed to build respectful relationships by respecting students' opinions, challenging attitudes that support sexual violence and maintaining group safety and openness.

The *SAPPSS* programme has been extensively evaluated since its introduction. Ball (2013) noted that results are encouraging. Immediately following the conclusion of the programme, those students who participated demonstrated increased knowledge regarding consent, victim-survivors' rights to report sexual violence to the police, the use of force or pressure to have sex, and the legitimacy of non-verbal ways to say "no" to sex. There was some improvement in feeling more comfortable to seek consent and support. These gains persisted through to the 6-month follow up. Although knowledge regarding the law and sexual assault and prevalence statistics were still evident 1 and 2 years following participation in the programme, there was some variation among students regarding attitudes, beliefs and comfort with communicative behaviours.

### **Respect, Protect, Connect**

*Respect, Protect, Connect* is a programme that has been running in Victoria, Australia for over 15 years. Its focus since conception has been to work with young men to promote broader understandings of masculinity and to encourage non-violence as they negotiate relationships (Flood et al., 2009). The focus of the programme for young women assumes a rights-based approach, provides a framework for recognising violence and encourages proactive support seeking for those who are in violent relationships (Flood et al., 2009).

For Years 7-10 (Years 8-11 in New Zealand) single-sex groups are used. The programme is based on a model that uses near-peer education and is facilitated by 18 to 25 year social workers, youth workers or students with special training. It operates using single sex groups. It works with males to promote non-violent and respectful ways of relating and understanding broader concepts of masculinity. The programme's main strength is that it is holistic, uses a skill building approach and not least is its longevity and ongoing support by schools. Its limitations lie in how it is delivered. Flood et al. (2009) reported that in most schools where the programme has been implemented, it is delivered as a one-off session and repeated annually. So students moving through the school will participate in the same session. A formal evaluation of the programme in 2006 identified that a whole-school approach is lacking (Flood et al., 2009). The programme is not integrated into the school curriculum and teachers are essentially uninvolved in the programme or its delivery. Flood et al. (2009) argued that this limits the possibilities for sustainable change. Further, it is dependent on the ability of community agencies to secure resources so that they can continue to deliver the programme.

### **A meta-analysis of Australian programmes**

As part of a broader project to develop a set of national standards for sexual violence prevention education, Carmody et al. (2009) reviewed every SVPE programme targeting young people in Australia. A total of 23 SVPE programmes in 4 states, 21 of which were school-based, were reviewed and evaluated. The literature reviewed for the evaluation included meta-reviews of violence prevention activity (with a specific focus on sexual assault), international strategic frameworks, best practice in violence prevention education and critical literature relevant to sexual violence.

The evaluation sought to contextualise the development of SVPE programmes by asking key questions on their management and content. The management-related questions were:

1. In what settings should programmes be delivered?
2. What is currently best practice in the delivery of SVPE?
3. How does programme evaluation occur?
4. How are educators working in SVPE trained to do this?

The content-related questions were:

5. How has SVPE evolved?
6. What theories of causes of sexual violence and social change inform current developments in SVPE?
7. How can SVPE be adapted to allow for different cultures, worldviews, location and sexualities?

Key findings from the evaluation included management features: “what works” or is more likely to work in effecting behaviour change, the training and professional development of educators, and the efficacy of the evaluations of the programmes. Content features included the theoretical and conceptual frameworks used by educators, as well as topics covered. The findings, as follows, are discussed in the context of the broader literature.

## ***Management***

### *Delivery that Effects Attitude and Behaviour Change*

Programmes need to be delivered over an adequate time frame and to mixed groups: “one-off” information sessions do not render attitude and behaviour change (Carmody et al., 2009; Flood, 2006; Imbesi, 2008); SVPE programmes that are delivered to men and boys as well as women and girls have greater success rates (Carmody, 2005; Carmody & Carrington, 2000; Ellis, 2004). However, while programme manuals within the 23 programmes recommended delivery over at least 6 sessions, in high school settings programmes were typically delivered over two double period sessions. While 18 programmes were delivered to mixed groups, 5 used sex segregation.

### *Training and Professional Development of Educators*

Most of the 23 programmes were delivered by human/social services professionals working outside the high school setting, such as child protection social workers or sexual assault counsellors. Other programmes were delivered by teaching professionals trained by human service workers in how to facilitate the program, while two programmes used a peer educator model (Imbesi, 2008).

Most new facilitators were trained mainly in the programme content. There was little evidence of training in group work skills, or the principles of adult learning (andragogy). Two programmes engaged in more extensive training in terms of the length and engagement while in three programmes training was delivered in an informal way; either on the job or by “shadowing” a facilitator. Only one programme specifically addressed the ethical stance of the educators as a key element of training.

### *Evaluation strategies*

Carmody et al. (2009) found that the nature and quality of post programme follow up was mixed. Only five programmes undertook post programme evaluations and these focused on participant satisfaction and/or attitude change; only one programme focused on behaviour change (p. 79). Nine programmes used a pre and post-test evaluation that measured changes in attitude; while two conducted pre and post testing of knowledge and attitude change in addition to skills development (p. 79).

Three programmes undertook post-programme evaluations more than 6 months after the training, demonstrating an intention to assess the lasting impact of the programme for

participants. However, only one programme conducted a qualitative study involving measurement of lasting attitude and behaviour change (Carmody et al., 2009, p. 79).

### ***Content***

Very few facilitators were able to present an articulated understanding of the key theoretical and conceptual frameworks current in sexual violence training. One programme used a values-based approach; two adopted social learning theory or intergenerational transmission; five used a social norms approach examining bystander behaviour, culture change and utilising community based marketing; two explored the question of sexual ethics and sexual subjectivity; three used the context of human rights and consent. Six programmes utilised an ecological approach which involved multi-risk factors but de-emphasised the gendered nature of sexual violence, while eight included feminist and social constructionist perspectives to deconstruct the problem of sexual violence (Carmody et al., 2009, p. 75).

Not all programmes focused on sexual violence-related topics. While seven programmes were sexual violence prevention-specific, nine focused on interpersonal violence or “sex and relationship health promotion”; others lacked clarity as to whether the focus was sexual health or sexual relationship education. Carmody (2006) and Quadara, (2008) found that important topics were missed in school-based sex education programmes promoting sexual health and well-being. Such programmes did not include such topics as communication skills and consent (beyond just “no” means “no”) (Russell, 2008). Moreover, Carmody’s (2006) research identified that the skills required to learn to negotiate in intimate relationships was absent from most rape prevention education programmes in Australia and the United States.

### **United Kingdom**

Research on SVPE in the UK is still in a very embryonic stage and thus scarce. Moreover the development of services in this area appears hampered by the mandatory child sexual abuse reporting system and the more socio-legalist approach to sexual violence within UK social policy (Munro, 2011). Ellis (2004, 2008) undertook a national review of SVPE in 28 secondary schools in both England and Scotland focussing on Glasgow, Leeds, London and Nottingham. Common content and management issues she identified were similar to those identified in the Carmody et al. (2009) study: there seemed to be no formal training for facilitators on the causal factors of sexual violence or on the gendered nature of both social and sexual violence, and no training in group work skills. The focus of training was on understanding the issue of sexual violence, rather than on how to facilitate learning (Ellis, 2004, p. 5). In terms of improving the pedagogical underpinning of SVPE she suggested using an educational professional to assist with the training, as when facilitators were not teaching staff the programme was unlikely to effect long-term behaviour change (Ellis, 2008, p. 21).

Myers and Milner (2007) conducted research into SVPE with 91 young offenders who had a conviction for a sexual offence. Based on this research they developed a personal safety model for use by Youth Justice Workers with young people and their parents/caregivers to prevent recidivism. The focus of this model was on secondary prevention and it was a highly individualised model (not ecological) which looked at practical steps for young people to stay safe. It did not look at ethical sexual relationships, the gendered nature of sexual violence or other key factors in understanding ways to prevent further offending (Myers & Milner, 2007).

A literature review on SVPE undertaken by (Wood, Bellis, & Watts, 2010) highlighted the fact that little progress had been made in the development of sexuality education in UK schools and that SVPE is virtually non-existent in schools. The authors ventured to suggest that this might be due to the fact that sexual violence is contextualised within a very strong socio-legalistic context in the UK with a mandatory reporting system where children under 16 are concerned. Wood et al. (2010) identified no primary prevention programmes with the exception of the *Stay Safe* programme in Northern Ireland which targeted children under twelve. Although bullying and child abuse are the focus rather than sexual violence, this is integrated into the school curriculum in 6 sessions, of only 15 minutes duration. There is also a separate training pack which teachers give to parents on how to recognise signs of child abuse and where to seek help. The only other provision in the UK is a secondary prevention programme for perpetrators, run by the UK Home Office for convicted sex offenders (Wood et al., 2010). This is known as the *Sex Offenders Treatment Programme (SOTP)*. It is based on a psycho-therapeutic approach and entails 180 hours treatment in 2-hour weekly sessions and is aimed at addressing recidivism and aims to get perpetrators to take responsibility for their sexually offending behaviour.

## **North America**

The USA government-funded Centers for Disease Control and Prevention (CDC) recognise that the solutions for sexual violence prevention are as complex as the causes of sexual violence (Centers for Disease Control and Prevention, 2014a). While there are a number of programmes in the USA that have the objective of preventing sexual violence, most incorporate this under the auspices of sexual health/education and well-being. As Carmody et al. (2009) noted, this is not necessarily primary prevention.

It is noteworthy that approximately 15 American states have passed “Teen Dating Violence” laws that urge or require school boards to develop curriculum addressing teen dating violence. In Florida, for example, each district school board is mandated to adopt and implement a dating violence and abuse policy which must be integrated into the discipline policy of each school district. Further, each school district must provide training for teachers, faculty, staff and school administrators to implement the new dating violence and abuse policies. The legislation requires a teen dating violence component to be added to



health education curriculum for students in Grades 7 through 12. Education of facilitators is not mandatory but is encouraged. A series of web-based training modules is listed on the home page of the Florida Coalition Against Domestic Violence (FCADV, n.d.).

While it is heartening to see legislative support for SVPE, it is important to note that legislation often seems to require schools to develop and implement programmes without the benefit of additional funding or guidance (Futures Without Violence, n.d.). The nationwide *Coaching Boys into Men (CBIM)* Programme, for example, received no government funding and was sponsored by \$125 million media and local community charitable donations.

The following table compares six North American primary prevention programmes and initiatives in terms of their management and content. Of these, the programmes that may be of most interest in the context of New Zealand school-based SVPE are the *Safe Dates* and *CBIM* programmes.

**Table 5: North American SVPE Primary Prevention Programmes and Initiatives**

Aspect	Name	<a href="#">Choose Respect</a> (Centers for Disease Control and Prevention, 2007) and <a href="#">Dating Matters</a> (Centers for Disease Control and Prevention, 2014c)	<a href="#">Safe Dates</a> Program (National Institute of Justice, n.d.)	Coaching Boys into Men (CBIM) (Futures Without Violence, 2014).	Green Dot Strategy (University of Kentucky, 2014)	Fourth R (Canadian Women's Foundation, n.d.; Flood et al., 2009)
Management						
<b>Who</b> <ul style="list-style-type: none"><li>Targeted participants</li><li>Educators</li><li>Funders</li></ul>	<ul style="list-style-type: none"><li>Choose Respect (CR) - 11-14 year old middle/high school students</li><li>Dating Matters (DM) - 11-14 year olds in high risk urban areas</li><li>Training for facilitators comprises a 60-minute training video on how to use the online resources with students.</li><li>CR funded by private non-profit organisation Public Health Foundation (PHF)</li><li>DM funded by government through CDC 2011-16</li></ul>	<ul style="list-style-type: none"><li>12-16 year old middle/high school students</li><li>Low cost over time; user pays through general school curriculum funds at state and federal levels</li><li>Some intensely competitive state-funded discretionary grants available</li><li>Many schools opt for joint funding ventures with local businesses or community services (Blueprints, n.d.).</li><li>Delivered by classroom teachers or school counsellors as part of required health education classes in school setting; and by community resource people out of school setting.</li><li>Facilitators are trained in 1 full-day workshop (previously 20 hours)</li><li>User pays for 1-day training for teachers and materials, plus cost per class for ongoing curriculum and materials</li></ul>	<ul style="list-style-type: none"><li>Male 13-18 year old high school-based athletes</li><li>60-minute training for coaches led by a trained violence prevention advocate</li><li>An advocate is available to assist coaches with concerns that arise during programme delivery, including disclosures</li><li>No government funding - sponsored by \$125 million media and local community charitable donations</li></ul>	<ul style="list-style-type: none"><li>University students aged 18-26</li><li>4 day training programme to certify instructors</li><li>Professionals from high schools, military installations, colleges, communities, faith-based agencies, and non-profit organisations are all deemed appropriate instructor candidates</li><li>Funded by government through CDC</li></ul>	<ul style="list-style-type: none"><li>Grade 9 (Year 10 in NZ) 11-14 year olds</li><li>At-risk youth either perpetrators or victims of violence</li><li>Integrated into curriculum as part of existing health and physical education teaching (Tutty et al., 2002)</li><li>delivered by teachers with additional training in dating violence and healthy relationships</li><li>Teachers participate in a 2-day training session</li><li>Funded by government through National Institute for Health</li></ul>	

Aspect	Name	Choose Respect and Dating Matters	Safe Dates Program	Coaching Boys into Men (CBIM)	Green Dot Strategy	Fourth R
<b>Why</b> <ul style="list-style-type: none"> <li>Purpose of programme</li> <li>Rationale for funding</li> </ul> <b>So that</b> Desired change as result of learning		<ul style="list-style-type: none"> <li>CR encourages the early development of healthy attitudes, behaviours, and skills (e.g., negotiation or compromise) to help youth interact positively and treat others with respect. Aims to help adolescents form healthy relationships to prevent dating abuse before it starts</li> <li>DM aims at preventing <a href="#">dating violence</a>, defined as physical, emotional or sexual intimate partner violence</li> </ul>	<ul style="list-style-type: none"> <li>Dating abuse prevention programme</li> <li>School component aims at primary prevention</li> <li>Community component aims at secondary prevention, the prevention of sexual, physical and psychological violence perpetration and victimisation</li> </ul>	<ul style="list-style-type: none"> <li>Aims to inspire men to teach boys the importance of, and skills for, respectful non-violent relationships with women and girls</li> </ul>	<ul style="list-style-type: none"> <li>Aims to increase proactive bystander behaviours and reduce dating and sexual violence on US college campuses. Bystander intervention is defined as training students to intervene so that violence is reduced in an effective and safe way (Coker et al., 2011)</li> </ul>	<ul style="list-style-type: none"> <li>Does not simply address teen-dating or relationship violence but aims to promote healthy and safe behaviours related to dating, bullying, sexuality, and substance use</li> <li>Objective is to improve students' relationships with peers and dating partners and avoid symptomatic problem behaviours such as violence, aggression</li> </ul>
<b>When and where</b> <ul style="list-style-type: none"> <li>Date, time, venue;</li> <li>Delivery mode (modular/ whole-school immersion; online)</li> </ul>		<ul style="list-style-type: none"> <li>CR 10 cities summer 2006 – resources for classroom, school assemblies, youth clinics, and community organizations available <a href="#">online</a></li> <li>DM in middle schools and neighbourhoods in 4 urban areas</li> <li>National program running 2011-2016 in Baltimore, Chicago, Broward County (Florida) and Alameda County (California)</li> </ul>	<ul style="list-style-type: none"> <li>National pilot programme</li> <li>10 weekly sessions of 45-50 minutes</li> </ul>	<ul style="list-style-type: none"> <li>National programme</li> <li>12 weekly sessions of 1 hour as a component of the physical education curriculum</li> </ul>		<ul style="list-style-type: none"> <li>18 to 21 weekly sessions</li> </ul>

Aspect	Name	Choose Respect and Dating Matters	Safe Dates Program	Coaching Boys into Men (CBIM)	Green Dot Strategy	Fourth R
<b>Content</b>						
<b>What Skills, knowledge, attitudes</b>	Provides youth and their parents with tools to:	<ul style="list-style-type: none"> <li>understand what a healthy relationship is and the important warning signs to recognize an abusive relationship</li> <li>increase awareness of the importance of respecting friends and peers</li> <li>develop skills that help form healthy relationships</li> </ul>	<ul style="list-style-type: none"> <li>School and community-based components</li> <li>Develop skills to prevent dating violence by changing dating violence norms and gender stereotyping, improving conflict-management skills, help-seeking behaviour, and other cognitive factors associated with help-seeking.</li> </ul>	Develop skills to avoid violence and abuse in relationships	<ul style="list-style-type: none"> <li>Students are trained to increase bystander intervention, in order to reduce violence</li> <li>A comprehensive approach to the primary prevention of power-based personal violence, i.e. partner violence, sexual violence or stalking</li> </ul>	<ul style="list-style-type: none"> <li>The “fourth ‘R’” stands for “Relationships” and expands the traditional “three ‘R’s” of Reading, “wRiting,” and “aRithmetic”</li> </ul> <p>Topics include gender role expectations, power and control, sexism, decision-making, date rape, handling date stresses, and violence (Tutty et al., 2002).</p>
<b>What for Learning Outcomes</b>	None Specified	None specified	None specified	None specified	None specified	
<b>How</b>	<ul style="list-style-type: none"> <li>Teaching approach</li> <li>Resources</li> </ul>	<ul style="list-style-type: none"> <li>Activities and materials, including online games, videos, posters, and public service announcements</li> <li>Online resources comprise a virtual school including hallways and locker rooms for students to navigate, with a series of case scenarios for students to negotiate. These are accompanied by a PDF file entitled “Strategies to promote healthy relationships”</li> </ul>	<ul style="list-style-type: none"> <li>Defining caring relationships, and dating abuse, why people abuse, helping friends, overcoming gender stereotypes, equal power through communication, how we feel/ how we deal, and preventing sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>Coaches lead weekly discussions with athletes about respect and violence prevention and respond to teachable moments where disrespect arises</li> <li>Uses Coaches Kit<sup>4</sup> - Underpinned by the motto “Violence does not equal strength”, the kit consists of a series of “Training Cards”, a “Playbook” and other resources including data about violence prevalence, why addressing teen dating violence is important, role play scenarios and quizzes</li> </ul>	<ul style="list-style-type: none"> <li>Guided by the literature that investigates bystander intervention and how perpetrators target victims</li> <li>Utilises peer and cultural influences across all levels of the ecological model<sup>5</sup> and is informed by social change theory.</li> <li>Instructor’s manual, participant workbooks, training PowerPoints, electronic support material, videos etc.</li> </ul>	<ul style="list-style-type: none"> <li>School personnel provided with programme information</li> <li>Parents can attend a programme orientation</li> <li>Parental newsletter keeps parents informed</li> </ul>

<sup>4</sup> The Coaches Kit is available at <http://coachescorner.org>

<sup>5</sup> The ecological model is discussed in depth later in this document (see p. 80).

## **Evaluation of North American programmes**

Comprehensive reviews of international programmes by Ball (2013), and of Australian programmes by Carmody et al. (2009), found very few programmes that were recognised as effective in reducing “self-reported relationship violence” (p. 27). Ball’s review identified the following criteria for effectiveness:

- At least one randomised controlled study of effectiveness,
- Follow-up measures at least 6 months following the intervention,
- Demonstrated behaviour change (i.e. fewer reports of relationship violence perpetration or victimisation) at follow-up in at least some of the intervention group.

The review identified two school-based programmes that met these criteria and were internationally recognised as effective: the *Safe Dates* and *Fourth R* programmes (see Table 5, p. 45).

### ***Safe Dates***

The CDC (2014a), although they acknowledged that little is known about what works to prevent sexual violence this programme, they commented that *Safe Dates* appeared effective and promising. It is the longest running and best evaluated programme in North America (Flood et al., 2009). A longitudinal evaluation showed positive outcomes immediately after programme completion and again at the 1 year, 3 years and 6 years follow-up (Foshee et al., 2004). Data was collected from 10 schools over a period of 4 years, and compared with a control group. Those engaged with the *Safe Dates* programme reported significantly less physical, serious physical and sexual dating violence and victimisation that persisted 4 years after the programme. Although a booster session was provided 3 years after the programme this was shown to have no impact on the programme outcomes.

### ***CBIM***

Miller et al. (2012) examined the success of this initiative 18 months after its implementation using a cluster randomized control trial. Compared with control subjects, intervention athletes reported:

- positive changes in intentions to intervene,
- higher levels of positive bystander intervention behaviour,
- improvements in recognition of abusive behaviours.

This evaluation appears to support the effectiveness of a school athletics-based prevention programme as one promising strategy to reduce violence perpetration. We believe that *CBIM* is particularly relevant in the New Zealand context. Given the sporting culture in New Zealand, coaches both school-based and community-based, are uniquely positioned to be very influential in the lives of young people, particularly young boys.

### ***Green Dot Strategy***

Coker et al. (2011) evaluated this initiative using a cross-sectional survey of a random sample of 7,945 college undergraduates. Of 2,504 students aged 18 to 26, 46% had heard a *Green Dot* speech on campus, and 14% had received active bystander training during the past 2 years.

Compared with non-trained students, trained students:

- had significantly lower rape myth acceptance scores,
- reported engaging in significantly more active bystander behaviours.

While the *Green Dot* approach might be cost effective and appropriate in the North American context, it could be inappropriate in the New Zealand context in that the majority of students do not live on campus, except perhaps for the University of Otago, Dunedin.

### ***Fourth R***

Wolfe et al. (2009) evaluated this programme across 1,722 students aged 14 to 15 years from 20 public schools. Although the control schools included in the valuation had similar aims, they did not have the same training or materials. The researchers did not ask about sexual violence or coercion but focused on self-reported physical acts in dating relationships (Wolfe et al., 2009). Primary outcomes measured by the evaluation team were self-reported physical dating violence in the previous year; secondary outcomes were physical peer violence, substance use and condom use (Ball, 2013). The evaluation found that at 2.5 years post programme, rates of male violence perpetration amongst boys in dating relationships had decreased in those schools that had implemented the *Fourth R* programme. While the results for secondary behaviours were not statistically significant, in terms of sexual health, condom use by boys who participated in the programme was slightly higher than by non-participants (Wolfe et al., 2009).

## **Implications of International Research for School-Based SVPE in New Zealand**

This international overview of SVPE programmes suggests a number of directions for management and content features of school-based SVPE in New Zealand. Good practice criteria for successful SVPE was identified as: a whole-school approach, an underpinning programme framework, effective curriculum delivery, relevant, inclusive and culturally sensitive practice and robust impact evaluation mechanisms. Of the 23 school-based Australian SVPE programmes only one met all of the criteria – the *SAPPSS* programme delivered by CASA House in Victoria.

### **Management**

While there are several sexuality education programmes, (unlike Australia and North America) there are currently no SVPE specific programmes in New Zealand which are *run by*

the school, taught or facilitated *solely* by teachers and *integrated* into the school curriculum. This has implications for the management and content recommendations identified by the ERO (2007a) as well as for the continuing professional development of teachers. However, the focus on primary prevention and skills building and the school-wide sexuality guidelines mandated by the “Tomorrow’s Schools” policy makes the current SVPE programmes ideally placed to respond to these challenges and further adapt their content to the changing needs of students.

In Australia, out of *Jigsaw*, *SAPPSS*, *Respect*, *Protect*, *Connect*, *Keeping Safe and Love Bites*, only *SAPPSS* runs a whole-school, teacher-led programme integrated into the school curriculum. Although *Respect*, *Protect*, *Connect* and *Jigsaw* are commended for their interagency and networking with schools and local communities and their focus on sexual or family violence, both suffer from the lack of integration into the school curriculum and the short duration of their programmes. *Respect*, *Protect*, *Connect* entails a one-off twenty minutes presentation run annually for students, while the *Jigsaw* project is a 90 minute programme, which is approximately a double-period.

In contrast the *SAPPSS* programme adopts a whole-school approach; teachers are trained not only in the issue of sexual assault but in the aims of the *SAPPSS* model for primary prevention. In addition, there is a ‘whole-of-staff approach’ regarding training in sexual assault. This is complemented by *Train the Trainer (TTT)* workshops for designated teaching staff as well as peer education training for students in years 11-12. This further enhances effective communication school-wide and with parents/caregivers (a core management pre-requisite of effective programmes (Education Review Office, 2007a)).

In the UK, sexuality education is poorly organised and poorly run while SVPE education in schools is almost non-existent. A recent BBC News (2014) report highlighted a House of Commons debate on the poor quality of sexuality education in schools and referred to a Ofsted<sup>6</sup> report identifying the teaching of sexuality education in one-third of UK schools as poor or inadequate. A spokeswoman for the Terrance Higgins Trust,<sup>7</sup> which has just launched a national campaign for the improvement of sexuality education in schools said “In the 21<sup>st</sup> Century, approaching sex education exclusively as a biology lesson just won’t cut it ... Young people need to be given an understanding of both sex and relationships including the confidence to say ‘No’” (BBC News, 2014). It would appear little has changed in the 6 years since Ellis’ (2008) review of sex education provision in schools. Indeed as Wood et al.’s (2010) literature review identified, there are no primary prevention programmes taught in UK schools.

---

<sup>6</sup> Office for Standards in Education

<sup>7</sup> The Terrance Higgins Trust is a charity that promotes sexuality education.

In North America three programmes stand out in terms of having robust evaluation mechanisms, for generating attitude and behaviour change and for being integrated into the school curriculum. These are the *Safe Dates*, *The Fourth R* and the *CBIM* programmes.

## ***Participants***

### *Students*

Nearly all the programmes in Australia and North America target teenagers in Years 9-12 but only the *SAPPSS* (Victoria) programme incorporates a peer educator model for Years 11-12, further enhancing the school–community wide message of the programme. There was one programme in Northern Ireland which targets children under 12, while in Australia the *Stay Safe* programme targets children from 5-12.

### *Parents*

Most programmes had some form of parental support. The programmes that involved parents (either as mentors/support people i.e. with homework activities, or as guest lecturers, or to run occasional discussion groups, or workshops, or provided specific training or information to parents) were: *SAPPSS* (Australia), *Stay-Safe* (Australia) *Choose Respect* and *Dating Matters* (US), *Safe Dates* (US), *Stay Safe* (UK).

### *Funders*

With the exception of the Australian programmes such as *SAPPSS*, and *Stay Safe*, and the UK *Stay Safe* programme, most other SVPE programmes in Australia and North America are either privately funded through community resources or local charities. The impetus behind the Australian funded programmes are the federal government's commitment to address the social problem of sexual violence or dating violence and this has been triggered by 30 years of feminist campaigns and lobbying for services to address rape and sexual violence. In the UK, although SVPE services are poorly developed, there have been a series of nationally, government-funded campaigns to raise the profile of the problem of sexual violence and this coupled with the national moral panic regarding child abuse, which has resulted in government funding for initiatives like the *Stay Safe* programme. In contrast, in North America, despite national advertising campaigns raising the profile of the problem of sexual violence, only the *Fourth R* is funded by federal government via the National Institute of Health (Canada) and the *Dating Matters*, programme which is funded by government through the Centre for Disease Control (US). Even the highly successful national programmes like *Safe Dates* and *CBIM* are funded through School Boards or through a consortium of schools, local business and community groups, possibly due to the severity of the problem of sexual violence in these communities.

The review points to a general lack of adequate national, structured funding mechanisms to sustain SVPE development (Carmody et al., 2009). While sustainability is central to the



prevention of sexual violence and is the main driving force of a whole-school approach (Hyde et al., 2011), our review found little regarding funding, management models and mechanisms to ensure the sustainability of SVPE programmes. There are two challenges to the sustainability of SVPE programmes: the first is to maintain the programme following the first phases of implementation; the second is for those agencies delivering school-based programmes to prioritise school partnerships in an environment of limited funding and resources.

In their review of the *Safe Dates* programme, the Centre for the Study and Prevention of Violence provided comprehensive information on programme costs and funding strategies, including how to access existing public funds, state or local general funds, federal funds and foundation grants or public-private partnerships (Blueprints, n.d.). While is outside the scope of this report to suggest how funding issues might be engaged, this kind of information is a useful resource in the New Zealand context.

### *Educators*

Several literature reviews of SVPE (Carmody et al., 2009; Russell, 2008) highlight a general lack of expertise in facilitation, which has particular ramifications concerning the effectiveness of addressing the issue of disclosure during the delivery of SVPE (Quadara, 2008). This problem is compounded by funding arrangements for SVPE and its delivery.

In the Australian context, Flood et al. (2009) found that the majority of SVPE was delivered by external educators. Specialist agencies that developed and delivered SVPE did so on limited funding. Such programmes were often offered free of charge or at subsidised rates. There are both advantages and disadvantages to this model of delivery. Community or specialist educators have specialist knowledge and are comfortable having the difficult conversations. Teachers can be relieved of the dilemma of receiving disclosures and handling of potentially embarrassing materials. Specialist educators are familiar with the support available in the community and can readily refer students and their families to appropriate helping agencies. However, the disadvantages of community or specialist educators are that SVPE is less likely to be integrated into the school curriculum, and SVPE might only reach those classes with teachers who are sensitised to issues surrounding sexual violence (Flood et al., 2009). Programmes that are dependent on pilot programme funding or short-term funding might be unsustainable in the long-term. Furthermore, use of external educators could enable schools to avoid their responsibilities in regards to fostering healthy relationships. There is also a social dimension to this issue as significant international research (Carmody et al., 2009; Russell, 2008) has identified that, when SVPE is integrated into the school curriculum, effective primary prevention is generated.

### ***Location***

All of the programmes in Australia, UK and North America are school based in either elementary, middle or high schools with *Choose Respect* and *Dating Matters* also offering an online component for community groups to utilise.

### ***Timing and duration***

Best practice has identified that 6-12 weeks is considered necessary for the delivery of effective SVPE (i.e. that which generates behaviour change). Each session should be for a minimum duration of 60 minutes, or ideally, a double-school period.

### ***Purpose***

Most school-based programmes have originated out of the general educational health and well-being agenda, but for teenagers in Australia, and North America it has shifted focus in recognition of the growing national problem of teen-dating violence (Carmody et al., 2009; Russell, 2008). It also has been research-led manifest in the growing recognition in primary prevention interventions, predicated on the belief that sexual violence is preventable. Thus, the primary aim is prevention via teaching young people how to develop respectful sexual relationships and how to negotiate consent.

### ***Content***

A particular strength of both the Australian and North American programmes is their specific focus on the relational aspects of sexual relations and the acknowledgement of developing skills and knowledge in the areas of consent, negotiating conflict, recognising signs of abuse, knowledge of specialist sexual violence services, gender stereotyping and help seeking behaviours.

### ***Topics and learning outcomes***

The recognition of teen-dating violence, though laudable, has however been slow to influence the school curriculum, and this is reflected in the fact that most programmes reviewed did not focus specifically on the prevention of sexual violence, reflecting a general problem in generating primary sexual violence prevention education (Carmody et al., 2009; Ellis, 2004; Miller et al., 2012). While programmes that focus on building and maintaining healthy relationships can impact positively on reducing sexual violence, such a focus might also make it easier to avoid difficult or embarrassing conversations and focus on those topics that are less confronting and controversial. There was a general lack of SVPE focusing on behaviour change (Carmody et al., 2009; VicHealth, 2007), and few programmes explicitly developed young people's skills in navigating respectful and non-violent intimate relationships. Accordingly, there was a general lack of evaluation mechanisms or frameworks addressing behaviour change (Carmody et al., 2009; Ellis, 2004; Ozer, 2006; VicHealth, 2007; Whitaker et al., 2006).

In Australia both *SAPPSS* and *Respect, Protect, Connect*, focus exclusively on strategies to address sexual or dating violence as do *CBIM*, *Safe Dates*, *Choose Respect* and *Dating Matters* in North America. Also, they have core elements in terms of addressing the relational aspects of sex, dealing with consent, and promoting help-seeking behaviours and knowledge of specialist sexual assault support services. These strategies are part of an overarching attempt to generate attitude and behaviour change

### *Teaching approach*

Many SVPE programmes were not underpinned by a clear and articulated pedagogical approach, and some programmes used teaching methods that did not allow sufficient room for interaction and discussion (Flood et al., 2009). Among those few programmes that did utilise a coherent theoretical approach, a holistic approach was found to be particularly effective in conveying the dynamics of sexual violence and developing SVPE (Carmody et al., 2009; Centers for Disease Control and Prevention, 2004). Those that were underpinned by a clear pedagogical approach and clear framework or logic were *SAPPSS* (Australia), *CBIM* and *Fourth R* (North America). However none of these programmes provided details on learning outcomes and how they link to curricula activities and none addressed the issue of effective group work skills, models, and approaches to underpin their SVPE Programme (Schneider-Corey, Corey, & Corey, 2010).

The *SAPPSS* programme was consistent with Carmody et al.'s (2009) good practice guidelines regarding the content of SVPE. For example it included sex specific content for some of the sessions (single sex sessions), the SVPE programme was integrated into the curriculum, and it used a range of delivery methods e.g. modular, group work, lectures, workshops, case studies, DVDs and homework.

## **Chapter 5: Delivering School-based SVPE: Evidence-based Management Decisions**

In the next two chapters we identify what works in primary prevention, highlight management and content elements that contribute to the success of SVPE programmes, and conclude with a discussion of management and content barriers that challenge successful delivery of SVPE.

Our description of what works is based on evidence from our review of the literature, which mirrors that in literature reviews undertaken in New Zealand by Russell (2008) and in Australia by Carmody et al. (2009). One significant barrier to successful delivery of SVPE identified in international research was the lack of coherent or unified national or international standards. Following a comprehensive literature review and comparison of Australian SVPE with international programmes, Carmody et al. (2009) developed the following six national standards as a framework for developing and evaluating best practice in primary prevention SVPE:

1. Using coherent conceptual approaches to programme design,
2. Demonstrating the use of a theory of change,
3. Undertaking inclusive, relevant and culturally sensitive practice,
4. Undertaking comprehensive programme development and delivery,
5. Using effective evaluation strategies,
6. Supporting thorough training and professional development of educators.

These six standards together with their indicators encapsulate all the elements of best practice drawn from national and international research, and cover both management and content issues to be considered when embarking on the development and evaluation of SVPE. They form a well-structured, methodical, and thematically coherent set of standards which can be adapted cross culturally; they also address potential barriers to success including mechanisms for long-term evaluations, dealing with disclosures, developing professional training, mentoring and support, and addressing pedagogical needs of students and trainers.

These standards feature in our description of key components of successful primary prevention programmes. In this chapter we focus on evidence-based management elements of successful SVPE; in the next chapter we focus on content elements. Management elements comprise stakeholders, purpose, desired results, timing and nature of delivery, and location of programmes. A range of options are reviewed, and recommendations noted.

## Management Components of Successful Primary Prevention

The management elements of an educational programme are its social and physical contextual features: the “Who, why (including “so that”), when and where” questions (See Chapter 1). Apart from the “why” questions, these are neatly summarised in Australian National Standard 4,<sup>8</sup> which has suggested that “Undertaking comprehensive programme development and delivery” (Carmody et al., 2009, pp. 26-27) can be established by asking simple questions at the start of programme development, including:

- **Who** is the programme targeted at?
- **Where** will the programme be delivered to reach its target group?
- **When** will the programme be run? For how long? And for how many sessions?

We add the question “why” and now look at each of these in terms of the literature.

### Participants, purpose and location in a whole-school approach

A “whole-school” approach to the primary prevention of sexual violence is widely advocated in the literature (Carmody et al., 2009; Imbesi, 2008). Focusing on participants and location, this approach is founded on the premise that schools share a range of characteristics that make them ideal locations for delivering SVPE. Schools are sites where children and young adults spend much of their time, as “...a mass and captive audience” (Ellis, 2008, p. 125). They have timetabled sessions and established groups of similar aged students, and are an environment in which data can be readily collected so that programmes can be evaluated. Furthermore, schools have experience in working with and addressing such issues as bullying and school violence, substance abuse, and juvenile delinquency through facilitating partnerships between young people, parents, teachers, counsellors and social workers (Carmody et al., 2009). Locating SVPE in schools thus enables such programmes to reach young populations relatively easily, linking them to existing curricula, process and pedagogy (Hassall & Hanna, 2007).

The term “whole-school” or “whole-of-school” approach is an internationally recognised term that “helps to define the values system agreed on by the whole-school community, including students, teachers, principals, boards of trustees, parents, and the wider community” (Carroll-Lind, 2010, p. 27). Hassall and Hanna (2007) in their New Zealand review of school-based violence prevention programmes and Russell (2008), in her review of sexual violence prevention and education, referenced the work of Briggs and Hawkins (1997) to define a whole-school approach as one where “(the programme) has a place in the timetable, a strong network of support for the teachers using the programme, staff model safety concepts and incorporate them into their teaching strategies across the curriculum”

---

<sup>8</sup> To better accommodate the structure of this report, the Australian National Standards are discussed in a different order from that presented by Carmody et al. (2009) in their report. For a list of National Standards in the order they presented see p. 55.

(Russell, 2008, p. 32). In a similar vein, Carmody et al. (2009) described a whole-school approach as building “relationships and partnerships (with students, school personnel, parents/caregivers, and other community members) looking at school policy and procedures, and seeking to make a difference to the overall school culture” (p. 49).

Programmes that are based on the whole-school approach adopt an “ecological” approach based on an understanding that classroom activities are only one component of the prevention intervention (Carmody et al., 2009). This approach is not experimental. It has been used in relation to anti-bullying programmes (Carroll-Lind, 2010), and since 2004 has underpinned the *SAPPSS* model implemented by CASA House in Victoria, Australia (Carmody et al., 2009; Imbesi, 2008). In Australia it was adopted in response to a review of research that was emerging at the time and demonstrating that effective prevention programmes were embedded in the social context in which violence occurred, and addressed the underlying causes of gender-based violence rather than merely targeting individual groups of students. It was shown that incorporating violence prevention into the permanent school curriculum could sustain ongoing cultural change (Imbesi, 2008): “The more deeply embedded the programme is within the classroom curriculum over time, the more likely it is to produce significant changes in behavior” (Futures Without Violence, 2014, p. 202).

Carroll-Lind (2010) suggested that, in taking the whole-school approach to a prevention programme, developing a common understanding of the problem is as important as any other factor in its success. Once the school is aware of the prevalence and seriousness of the problem they are attempting to address, the entire school community can engage in a committed and coordinated effort to reduce the behaviour. She noted that this is usually achieved through the development of policies, practices and procedures that provide an ongoing, long term, sustainable platform so that any programme the school decides to implement can be readily integrated and accepted into its school community. While Carroll-Lind (2010) discussed the whole-school approach in relation to anti-bullying programmes, her findings are likely to be true for programmes that address sexual violence. Indeed, Carroll-Lind (2010) argued that “for a whole-school approach to effectively influence the school’s philosophy and culture, it must increase the level of engagement for all its students through the modelling and supporting of positive and pro-social behaviours by all members of the school and its wider school community” (p. 27).

### **Participants and purpose**

A robust approach to programme development considers all stakeholders: not only the target student audience but also the educators and their training as well as the wider community (Vella, 2007). In SVPE the stakeholders include families and funders. The purpose of SVPE is inherent in its name: the prevention of sexual violence. We review the evidence for what makes good decisions in relation to participants.

### ***Funders***

Limited resources tend to be concentrated on reactive responses to sexual violence rather than pro-active responses such as SVPE programmes (Russell, 2008), which might explain why secondary and tertiary prevention programmes have traditionally dominated the field (Fanslow, McGregor, Coggan, Bennett, & McKenzie, 2000). While the sector remains underfunded, scarce resources will continue to act as a barrier to primary prevention initiatives.

### ***Students***

Some research (Carmody, 2006; Percival et al., 2010) suggests that Year 12 is too late to begin SVPE programmes. Robertson and Oulton (2008) pointed out that 17% of New Zealand school students have had sexual intercourse before their fourteenth birthday and almost 50% by their 18<sup>th</sup> birthday. They also noted that even those students who are not sexually active are still negotiating and coming to terms with issues of sexual identity, developing their sexuality, and understanding their sexual desire. Programmes that are timely are those that recognise the emerging consciousness of young people with regard to the relational complexities of sex, and seek to support them with social skills before they engage in sexual relationships.

### ***Parents/caregivers***

Having parental/caregiver involvement either in supporting young people with homework tasks (which also transfer SVPE learning to other contexts) or as guest lecturers also reinforces the programme learning outcomes, assist the school with networking and partnerships and further embeds the programme in the community context. The added bonus of this is that the whole family learns about this issue and thus the benefits extend to the broader community.

### ***Educators***

The national standards created by Carmody et al. (2009) included one devoted to supporting training and professional development of SVPE educators (National Standard 6) “Supporting thorough training and professional development of educators” (Carmody et al., 2009, pp. 28-29). Stressing its important links to capacity-building in the field, they noted “There is a sizeable body of research that suggests an educator’s skills, or use of self, is the most important element of successful programme delivery” (Carmody et al., 2009, p. 59). They cited problems in both the UK and US in accessing adequately trained, professionals in the primary prevention field, and noted the need for a nationally recognised professional qualification in primary prevention.

Professional training and development was also linked to the stability of successful primary prevention programmes through the recruitment and retention of qualified educators and their enhanced confidence and autonomy in further developing SVPE programmes.

According to best practice literature (Carmody et al., 2009; Imbesi, 2008; Russell, 2008), educators in primary SVPE require the following core knowledge and skills:

- Knowledge of child-centred learning (pedagogy).
- Knowledge of adult-centred learning (andragogy).
- Knowledge of primary prevention including theories of behaviour change.
- Knowledge of the problems of sexual violence including rape myths and legal definitions of rape and sexual assault.
- Expertise and ability to deal with disclosure.
- Ability to deal with taboo and sensitive issues with young people.
- Ability to work sensitively with moral and ethical dilemmas.
- Confidence and ability in promoting respectful sexual relationships.

The whole-school approach recommends teachers as SVPE educators or trainers. As well as positive status and an existing relationship with students, teachers have an understanding of pedagogy and an understanding of the needs of young learners which they can adapt to their practice in the delivery of SVPE. Teachers' expertise in integrating abstract concepts, such as informed consent and coercion, with practical social and relationship skills building makes them well placed to deliver SVPE. In addition, commitment by teachers to the programme can better ground SVPE in the school curriculum and increase awareness of the issue in the wider community via contacts with parents (Quadara, 2008).

However, one key weakness of this aspect of the whole-school approach is the assumption that all teachers are viewed positively by students. Those teachers identified as potential SVPE trainers and educators may have appropriate qualifications and communication skills but may lack specialist skills, or the rapport essential for SVPE delivery. Potential teacher-trainers must be carefully screened to ensure they have a value base commensurate with the needs of SVPE and essential skills such as the ability to challenge rape myths and sexuality stereotypes. A possible solution to this is to have educators who co-facilitate.

Corey et al. (2006) noted that, particularly for taboo subjects or sensitive material, greater success in achieving group objectives was enhanced by having co-facilitators, preferably one of each gender and in different professions, such as counsellor/expert and teacher. In the event of disclosure this provided support in the form of an extra person who could observe and assess group dynamics and help mediate conflict. In the instance of school-based programmes ideally educators would be a teacher with whom students have an established relationship co-facilitating with a sexual violence educator/expert from an external agency.



There is a consistent body of research identifying that the expertise and experience of the professional teacher, school counsellor or social worker in dealing with disclosure and the support a young person receives, is crucial not only to their ability to disclose but to participate in any SVPE (Ahrens, 2006; Alaggia, 2004; Campbell, Baker, & Mazurek, 1998; London, Bruck, Ceci, & Shuman, 2005). While research by Quadara (2008) has identified not only the barriers to disclosure, but also how effective support can be provided by schools in terms of process, leadership, a whole-school approach and the professional service network, and how to develop strategies for support to and by family members. Given the sensitive nature of SVPE material and the dangers of disclosure, a number of evaluations identified in reviews (Carmody et al., 2009; Imbesi, 2008) have emphasised the importance of clinical supervision to deal with issues of vicarious trauma.

### ***Professional development and training of educators***

The Australian National Standard 6 for SVPE programmes, “Supporting thorough training and professional development of educators” (Carmody et al., 2009, p. 25) has indicated the importance of SVPE educator support. However, evaluations of best practice in professional development, training, mentoring and support for SVPE educators are scarce. In evaluating the literature on training and development of SVPE educators Carmody et al. (2009) commented:

There is a paucity of detail about the preparation, training and support of violence prevention educators in the literature. This lack of information may be a result of the primary violence prevention field being relatively new. Because Australian sexual assault prevention programs are developed by professionals who have worked with victims of violence, there may be an assumption that these workers do not require further training and skills to deliver prevention education. Another issue precluding acknowledgement that violence educators need specific training may lie with the assumptions embedded within public health... public health approach assumes “expert” professionals are delivering evidence-based factual information in primary prevention (p. 59).

Mentoring and support as a strategy that facilitates self-reflection and capacity building was referred to frequently in the literature (Imbesi & Lees, 2011). Further, it was recognised that mentoring and support could meet trainers’ emotional and professional needs. However, there was very little in the way of specific guidance or training in terms of addressing worker burn-out, dealing with stress, or managing violence or intimidation as a result of SVPE programmes.

### ***Train the Trainer (TTT) model***

In their efforts to develop a sustainable, whole-school, prevention programme CASA House investigated the TTT model for training designated teaching staff. In 2006 they consulted with schools to identify which model would suit them best. Incorporating programme

content into the school curriculum proved to be a slow and complex process. The four phase model summarised below was developed by Casa House (Imbesi, 2008, p. 23) for introducing their prevention programme into schools.

**Figure 3: Implementation Phases**

PHASE 1:	Whole-staff Professional Development Sessions Agency-based delivery of student program (CASA & Police)
PHASE 2:	“Train the Trainer” Workshop – self-nominated teaching and support staff
PHASE 3:	School-based delivery of student program
PHASE 4:	Incorporate student program into curriculum

The aim was for schools to eventually take ownership of the programme with the support of CASA House. *TTT* workshops attended by teaching and support staff in three schools consisted of a 1-day session introducing sexual assault and a 2-day workshop focusing on the materials and content of the student programme (Imbesi, 2008).

An evaluation of this programme some three years later assessed the impact on both students and staff. Findings indicated that students who participated in the programme maintained an understanding of sexual assault issues and an awareness of gender-role stereotyping including its impacts on their choices and behaviour (Imbesi, 2008). Interviews with students suggested that behaviour changes might be limited because they lacked support, role models and incentives to overcome social and gender-based pressures. Students identified the influence of family background and culture in their sexual decision-making but interestingly did not describe home and immediate family as important sources of information or advice. Rather, they emphasised the important role that peers and social groups played in normalising choices and understanding the difference between right and wrong. It was concluded that these key factors affecting the long term effectiveness of the student programme were experienced differently by males compared to females (Imbesi, 2008).

CASA House repeated the *TTT* workshops in February 2007. Delivering to 12 staff across 3 secondary schools, the 3-day workshop focused entirely on the student programme. Each school was at a different point in the phases programme. Working with school staff they continued to refine the programme but feedback from staff indicated that while they felt the *TTT* programme had provided them with sufficient preparation and confidence to deliver the programme, more resources were needed from schools to manage staff workloads and ensure adequate preparation and debriefing time (Imbesi, 2008, p. 28).

The importance of a holistic training programme in the form of *TTT* cannot be stressed enough. Indeed, as Carmody et al. (2009, p. 60) argued “... Australia currently has no

national or centrally based training programs for violence prevention educators.” The need for consistent centrally organised training is important to enable trainers to develop their skills and primary prevention concepts. In this respect, Carmody et al. (2009) identified a short course in primary prevention developed by VicHealth, Australia.

### *Training of peer educators*

In response to the *SAPPSS* curriculum evaluation conducted by CASA House in 2006, a Peer Educator Programme was developed and piloted (Imbesi & Lees, 2011). Young people who had participated in this evaluation suggested that “the whole-school model would be enhanced by the development of a student leadership component” (Imbesi & Lees, 2011, p. 5). Subsequently the peer educator pilot project engaged young people in its development, trial and evaluation. It aimed to develop further evidence that might support the role of peer educators in the primary prevention of violence against women. Other aims were to:

- Enable young people to promote non-violent social norms amongst their peers through pro-social relationships and bystander behaviours.
- Support recent research recommending that young people, particularly young men, should be provided with achievable goals, continuous mentoring and positive reinforcement for their involvement in violence prevention in order to sustain their meaningful engagement (Berkowitz, 2010; Crooks, Goodall, Hughes, Jaffe, & Baker, 2007; Flood, 2006).

The peer educator pilot project was implemented in 4 schools over 3 years. Some 64 young people were involved as peer educators with 7 school and agency staff as trainers and supporters (Imbesi & Lees, 2011). An action research approach sought young people’s feedback throughout the life of the project, and this was used in the ongoing development of the project.

Evaluations indicated that the project aims were achieved (Imbesi & Lees, 2011). The project built capacity of 64 senior students so that they could take a leadership role in the prevention of sexual assault. Young people were equipped with communication skills, confidence and leadership techniques so that they could convey their knowledge and insights regarding respectful relationships to younger students. Peer educators had used their skills not only within the school community but also within their personal relationships in their broader communities. A small group of peer educators participated in a long-term evaluation some 2 years after the delivery of the programme. Findings from this indicated that they had retained the ability to be peer educators, better friends and active bystanders. However, they noted that the programme should have continued for a longer period of time. Further, the role of staff needed strengthening to ensure ongoing support, inclusion and mentoring for peer educators within the school community. A staff member similarly noted that collaboration between school staff and peer educators needed to be addressed and facilitated within any peer educator model (Imbesi & Lees, 2011).

### *Capacity building*

Building capacity for the delivery of SVPE was revealed to be an on-going problem. Maintaining continuity was difficult due to high staff turnover due to job insecurity attached to the role, the employment of “casual staff” on an hourly contract or the overload of part-time staff. CASA House implemented a solution to this problem in its 2006 project. They obtained funding to pilot the use of one permanent, part-time staff to train teachers in some form of “designated teacher” role (Imbesi, 2008). This permanent member, therefore, had an identified career structure with on-going training and development in her/his role as an SVPE Staff Trainer. Some 18 months later even though the employee was only part time, the impact was considerable. Feedback indicated that continuity of training had improved staff morale for those teachers delivering SVPE programmes in schools.

RPE has implemented a similar solution. Until 2014 it employed a trainer who was responsible for training part-time employees to deliver the *BodySafe* programmes in schools. As the part-timers secured full time employment, however, they moved on creating a regular turnover of part-time employees – a model which became untenable as it was too expensive. In 2013 RPE opted to employ a co-ordinator to be responsible along with two other full-time employees to deliver the *BodySafe* programme.

## **Timing and duration**

### ***Single session models***

The most frequently used delivery model for school-based SVPE we reviewed was modular, i.e. involving 2, 6 or 12 single sessions in the form of workshops, guest speakers and student seminars, or short on-line delivery (Ellis, 2004; Russell, 2008). Imbesi (2008) investigated the CASA House prevention programmes that used the single session modular model commencing in 1999. Sessions were co-facilitated by two counsellor/advocates, and content varied according to each school’s needs. By 2001 it had been determined that it was more efficient and effective to have a developed pre-determined programme, rather than ad hoc sessions. Counsellor/advocates developed the programme and each session was delivered in single gender or mixed gender sessions for 1 to 2 school periods (45 to 90 minutes).

There were a number of limitations with this model. It did not provide opportunities to build rapport with students – young men felt disengaged, blamed or that only women’s experiences were represented (Imbesi, 2008). Counsellor/advocates who delivered the sessions felt frustrated and unsure as to what had been achieved. On-going evaluations were lacking and so there was no measure in regards to learning and retention over time. Importantly, Imbesi (2008) noted that the provision of these sessions may have conveyed the message that single sessions or short term interventions are an effective model in preventing gender-based violence.

Imbesi (2008) noted that the literature did not support single sessions as an effective intervention:

- Hilton, Harris, Rice, Smith Krans, and Lavigne (1998) found no evidence of change in attitude or behaviour immediately or 6 weeks following a 1 day intervention with secondary school students.
- Winkel and de Kleuver (1997, cited in Hilton et al., 1998) found that single sessions could create a backlash or reinforce harmful stereotypes.
- Hayes (2002) found that single sessions could benefit females, but males felt confronted and challenged. Single sessions provided a good introduction to the topic but were not an effective mechanism for sustained learning.
- Meyer and Stein (2004) found that a small number of male participants reported worse attitudes following a short term intervention.

Key recommendations arising from Hayes' (2002) evaluation of the CASA House workshops were to extend the programme beyond single sessions, to deliver it to single gender groups and to use same-gender facilitators when discussing sexual violence.

### ***Multiple session models***

As we have seen, one-off 20 or 40-minute information sessions do not generate attitude or behaviour change: a minimum of 6 to 8 double 40-minute sessions is required for successful reinforcement of programme content (Carmody et al., 2009). A structured way to reinforce programme content is to have a preliminary or introductory course and follow this up with intermediate or more advanced level courses such as the *Respectful Relationships* course as a precursor to *Love Bites*. As Russell (2008) argued:

Programmes need to be conducted over a substantial period of time with repeated exposure to the material (e.g. multiple sessions) in order to be instrumental in achieving long-lasting attitude and behaviour change... There needs to be an opportunity to reinforce learnings/behaviours outside of school (e.g. in extracurricular environments such as sport and also at home with parents/caregivers (p. 33).

Other strategies to reinforce programme content included: homework tasks supervised by parents, requiring students to write reflective journals on weekly course activities and their objectives, engaging students in seminar or workshop presentations and role plays, and inviting key role models into the programme to endorse public campaigns against sexual violence and reiterate key messages of the SVPE programme (Hassall & Hanna, 2007). In addition peer educators, such as those used in the CASA House Peer Educator programme, demonstrated a "ripple down" effect to those not involved in the SVPE programme (Imbesi

& Lees, 2011). Peer educators used their skills in non-school environments as well as in their personal lives and relationships.

### **Implications for Management of School-based SVPE in New Zealand**

In our review we focused on school-based programmes that aimed at primary prevention of sexual violence. We found a lack of research documenting the most effective methods of delivery in terms of targeting participants (universal or the most high risk populations), addressing diversity, time, duration, frequency of sessions, or location (school-based vs. community based). In particular, there was an acknowledged scarcity of research in the New Zealand context (Russell, 2008).

However, evidence from the literature we reviewed made it clear that the most successful SVPE programmes were those which adopted a whole-school, community approach that fostered networks and partnerships. *TTT* was highlighted in that there was a need for a national or central training programme to address the andragogical needs of trainers in delivering primary prevention. It was also clear that successful programmes were well resourced. The evidence suggests direction for SVPE in terms of participants, location, timing and duration.

### **Participants**

In line with a whole-school approach, participants should be seen as including not only students but also parents/caregivers and educators. Evidence suggests that successful programmes start well before Year 12, target boys/men as well as girls/women, and include some single sex sessions. In addition, school-based SVPE programmes should aim to reach marginalised student population groups such as Māori and Pasifika, those with intellectual or physical disabilities or long term conditions, and those excluded or truanting from school. Successful programmes also have strategies to engage parents/caregivers.

The core knowledge and skills identified as essential in SVPE educators include knowledge of pedagogy, andragogy and primary prevention including theories of behaviour change, and skills in problem solving, dealing with disclosures and conducting effective long term programme evaluations. There is strong evidence to suggest that such knowledge and skills are most effectively accessed through a combination of schoolteachers and external experts delivering school-based SVPE programmes as co-facilitators: such a model results in greater success in achieving programme objectives.

Teachers' expertise in pedagogy, their understanding of the needs of young learners and their stable presence in the delivery location make them ideally placed to teach SVPE; using them as educators can address the problem of capacity building for schools and agencies engaged in SVPE. Employing one permanent, part-time member of staff to train the trainers or educators not only provides stability and continuity to the programme, but also improves staff morale and attitudes towards the training.

However, given that not all teachers are viewed positively by students, it is recommended that potential teacher-trainers are carefully screened to ensure that they have a value base commensurate with SVPE, and provided with adequate training and ongoing support. Such training needs to address issues of “burnout,” vicarious trauma, managing violence, and intimidation as a result of delivering SVPE. Effective support will include resources to manage workload, and mentoring and supervision that foster reflexivity and capacity building; additional support can be effectively provided through peer mentoring.

Finally, peer-educators have been shown to strengthen whole-school programmes by providing student leadership not just within school but outside school in the wider community.

### **Location, timing and duration**

Single sessions in SVPE, no matter what the format, do not generate attitude and behaviour change. School-based SVPE programmes need to be delivered in multiple session modules over an adequate period of time in order to inculcate core values and attitudes that promote non-violent and respectful relationships. The more deeply embedded the SVPE programme is within the school curriculum, the more likely it is to produce significant changes in behaviour over time. The most successful programmes comprise at least 6 to 12 linked sessions of at least 45 minutes duration each, accompanied by structured reinforcement of programme content through out-of-class activities and/or follow-up courses.

## **Chapter 6      Delivering School-based SVPE: Evidence-based Content Decisions**

In this chapter we review research on the content of school-based SVPE programmes: the topics, learning outcomes, teaching methods and evaluation of programmes, or answers to the “What, what for and how” questions of programme design (see Chapter 1). Decisions about the content elements of an educational programme are mainly the responsibility of those charged with delivering the programme, the educators. However, for the most effective learning to take place educators should spend time negotiating these elements with primary stakeholders. Evaluation of programmes is of particular interest to both stakeholders and educators.

Before we review the current content of school-based programmes we will briefly contextualise the underpinning philosophical influences of this content.

### **Feminist Origins and Development of SVPE Content**

A range of theoretical perspectives have informed the development of SVPE content. The earliest forms of SVPE programmes in New Zealand, Australia, UK, Sweden and the US developed out of anti-rape services provided by feminist campaigners (Carmody et al., 2009; McKie, 2005). Due to this historical connection with feminist groups, the content of SVPE programmes in these countries has a focus on primary prevention, i.e. stopping rape before it happened. This content has been underpinned by some key assumptions: namely that rape/sexual violence serves as a tool for and is a product of patriarchal social norms; that men are typically aggressive and women passive; that women are responsible for managing the risk and threat of violence; and that the central problem in the issue of sexual violence is the behaviour of men.

More radical feminist groups in these countries resisted the institutionalisation of prevention efforts via state apparatus due to scepticism that state crime control mechanisms and legal responses could make men accountable for their actions. Moreover, more radical feminists were critical of traditional SVPE campaigns focused on risk avoidance (teaching women about strategies to stay safe) because of the way these negated women’s agency in the social and private spheres (Carmody et al., 2009, p. 14). There developed a wide body of feminist literature throughout the 1980s and 1990s which criticised early rape prevention efforts for the use of risk avoidance discourses and strategies which placed the onus of SVP on women rather than on the perpetrators of sexual violence. This was seen as exonerating both men as a gender, and the wider community, from any responsibility for addressing the problem of sexual violence. This approach also entailed an implicit assumption that sexual violence was a product of stranger danger; whereas the evidence



proved that in most cases women were in a relationship with, or an acquaintance of the violent perpetrator (Fanslow & Robinson, 2004).

Particularly in Australia, UK, and the US, SVPE was also a representation of the struggles of feminist bureaucrats campaigning to put rape and sexual violence on the political agenda. From the 1980s onwards these women were instrumental in shaping government policy and legal reform in the area of gendered violence.

In the 1990s more organised SVPE began to develop in Europe, North America and Australasia. Programmes developed most commonly in collaboration between schools and community organisations with limited content focused on debunking rape myths, teaching about consent, teaching young women how to keep safe, and providing services to victim-survivors. In the 2000s organisations tended to focus on the public health dimensions of sexual violence but some, like the CDC in Washington DC, USA (Centers for Disease Control and Prevention, 2004) and VicHealth (2007) in Australia, tried to situate sexual violence in its human rights and criminal justice contexts.

One of the key challenges to such programmes was the global “backlash” against such feminist campaigns, seen in the decline of the impetus of Third Wave feminism (particularly amongst younger generations of women) (Faludi, 1991) and the re-emergence of more traditional forms of hegemonic masculinity (Cowburn & Dominelli, 2001). These trends tended to reinforce patriarchal norms about female sexuality and the sexual division of labour.

Globally, feminist campaigns have proved adept in grappling with the impact of this backlash as well as rising to the challenge of the diversity in women’s experience of sexual and other forms of violence. This is reflected in efforts to raise the profile of primary prevention of interpersonal violence, as emphasised in a 2004 World Health Organisation’s report on violence and health *The Guide to Implementing the World Report on Violence and Health* (Butchart, Phinney, Check, & Villaveces, 2004), compared to the avoidance approach taken 20 years earlier in its *World Report on Violence and Health* (n.d.). This emphasis reflects the shift in thinking in the field of sexual violence: from “avoidance” to “primary prevention” i.e. developing strategies for preventing sexual violence from occurring in the first place (Carmody et al., 2009). Current thinking also favours schools as one of the most desirable sites for the development of primary prevention: hence the burgeoning of SVPE in secondary schools around the globe (Ellis, 2004; Foshee et al., 2004; Imbesi, 2008).

We now look at content components in terms of the literature. A range of options are reviewed, and recommendations noted.

### **Content Components of Successful Primary SVPE**

Russell (2008) argued that the most successful SVPE programmes for youth are those underpinned by sound research and evaluation methods. In such programmes, topics are

tailored to their diverse audiences and, underpinned with a clear gender analysis and feminist understanding of the causal factors of sexual violence, challenge cultural norms. Learning outcomes of primary SVPE programmes reach beyond risk management and “stranger-danger”; they centre on behaviour change and promote healthy behaviours including victim-survivor empathy not blaming. Teaching methods are based on an ecological model and include males as part of the solution.

### **Topics and learning outcomes in SVPE**

In developing content for SVPE programmes, it is important to acknowledge the sensitive nature of the topic of sexual violence itself. Sexual violence is both an emotive and a taboo subject. Conversations on this topic are difficult to start and negotiate. Societal structures based on gender contribute to maintaining the status quo. Some SVPE programmes have been suspended on the grounds that they are perceived to be immodest or indecent (Perry, 2005a). When programmes, especially those that are school-based, are not delivered in their entirety their impact cannot be assessed or evaluated. The conspiracy of silence is maintained, societal structures are upheld and sexual violence remains a taboo subject.

The content of SVPE programmes must challenge a range of common attitudes and beliefs. Gender inequality must be challenged. Double standards must be challenged. Stereotypes, such as sexually active males being regarded as “studs” while their female counterparts are perceived as “slags or sluts”, must be broken down. Rape myths must be challenged. If they are not, the status quo continues to act as a barrier to effective primary prevention of sexual violence. Programmes need to ensure that male participants are exposed to positive examples of masculinity in order to avoid a “rebound-effect” or “backlash” effect. If participating males perceive the programme as an attack on males in general (Russell, 2008, p. 46), the attitudes the programme is seeking to overcome are reinforced.

Primary prevention education must counter rape myths and build knowledge and skills in negotiating consent and conducting relationships. In the next sections we examine the essential contribution of these topics to SVPE.

### ***Countering rape myths***

According to Robertson and Oulton (2008) rape myths constitute the codification of the dominant discourses and beliefs of so called “normative heterosexual” relationships within Western patriarchy, i.e. “attitudes and beliefs that are generally false but are widely and persistently held and that serve to deny and justify male sexual aggression against women” (Lonsway & Fitzgerald, 1994, p. 134). Common rape myths are embodied in statements such as: “Women make false reports of rape”; “Women secretly enjoy being raped”; “Only bad women get raped”; “Most rapes occur as a spur of the moment thing in a dark alley committed by a stranger”. One key classic rape myth is that “Women ask for it” by their dress or actions (Robertson & Oulton, 2008, p. 11).

Such rape myths continue to play a significant role in the perpetration of sexual violence. Various measures such as the Rape Myth Acceptance Scale (Burt, 1980) have been developed to quantify such beliefs and numerous studies (Ryan, 2004) consistently show that high scores on such scales are associated with various forms of sexually coercive behaviour. Of course, correlation is not causation and rape supportive beliefs are not necessarily a precursor to rape behaviour; however they are often used to justify post-event behaviour. Some studies (Pithers, Kashima, Cumming, Beal, & Buell, 1988; Ryan, 2004) demonstrate unequivocally that rape-supportive beliefs are a precursor to sexual violence, and contribute to the undermining of victim-survivors' support. These beliefs have been shown to discourage victim-survivors from reporting sexual violence, shape juries' perceptions of trial evidence and discourage bystanders from intervening in risky situations (Fisher, Daigle, & Cullen, 2008; Ullman, 2007). They are also strongly linked to homophobia as Franklin (2004) noted:

It has also been argued that rape of women and attacks on gay men fulfil a similar role for certain heterosexual men for whom the subordination of women and those men perceived as feminine promotes social bonding, celebrates power, and provides a public display of heterosexual masculinity.

(Franklin cited in Robertson et al., 2007, p. 13)

These researchers cited large sample attitudinal studies which found that homophobia towards both gay men and lesbians was associated with greater acceptance of rape myths (Aosved & Long, 2006; Parrott, Adams, & Zeichner, 2002; Truman, Tokar, & Fischer, 1996).

Wood and Dickson (2013) of Te Ohaakii a Hine – National Network Ending Violence Together (TOAH-NNEST) have provided an excellent resource for those with limited knowledge and understanding of sexual violence. Their work on behalf of the TOAH-NNEST's Tauwi Caucus provides an accessible snapshot of the New Zealand environment in relation to much of what has been discussed in this section.

Primary prevention programmes must demythologise rape myths. A number of approaches proving robust in countering rape myths and providing theoretical underpinning for SVPE are outlined later in this chapter (see p. 76).

### ***Negotiating consent***

Negotiating consent is a problematic issue within SVPE training, because the discussion tends to be focussed on a legal definition of consent (see Section 128A of the New Zealand Crimes Act 1996) (Robertson & Oulton, 2008). However, legal definitions assume that consent or non-consent is expressed verbally whereas Robertson and Oulton (2008) argued that consent or non-consent is “typically conveyed by a range of behavioural and verbal cues” (p. 24). They also noted that it is often assumed consent is something that men seek and women either give or refuse. This only serves to normalise heteronormative notions of

masculinity and femininity, which are centrally implicated in sexual violence, and it leaves no room for women's sexual desires or sexual agency. Furthermore, Robertson and Oulton suggested that SVPE for young people needs to include far more realistic information as to how sexual activity is negotiated in practice, which is often at variance with the male (active)/female (passive) dichotomy. At the same time information provided to young people must include the notion that gendered power relations often determine the parameters of a sexual relationship.

### ***Focus on relationship skills building***

Both Carmody (2006) and Allen (2005) have been critical of the ways that many SVPE programmes seem to ignore the relational aspect of sex education or tend to reinforce gender norms that normalise male aggression and female passivity: "Programmes that teach rape avoidance by focussing on refusal skills...reinforce women as passive, non-sexual, reluctant subjects with men as assertive, sexual aggressors" (Carmody, 2006, p. 346). She suggested that such prevention efforts foist responsibility on women for stopping sexual violence. That is, women must be clear in communicating non-consent and they must not do anything that suggests an interest in sex. Such messages allow men to avoid accountability for their sexually aggressive behaviour. Allen (2005) noted that such essentialising of gender is compounded by the way sexual health and reproduction education is represented in schools. This approach reflects a negative view of young people's sexuality which is potentially deeply problematic. When the aim is to reduce teenage pregnancy, abortion and sexually transmitted diseases, sexual activity is portrayed as inherently dangerous which is at odds with images of sexuality portrayed in films music and other media. There is no conceptualising of the complexity of human relationships, involving emotion, negotiation, questions of desire, sexual orientation, identity, reputation, and erotic pleasure. In terms of skills building there is little in the curriculum on forming sexual relationships, handling peer pressure or negotiating consent.

Research undertaken for the *Pacific Pathways to the Prevention of Sexual Violence* (Percival et al., 2010) identified that young male research respondents said they needed skills in how to talk to young women and establish rapport. Some respondents suggested that SVPE programmes needed to start at primary school, because rapport building skills were needed even before more complex skills building like recognising sexual violence, coercion and consent. These included age-appropriate social skills training, problem solving, anger management, conflict management, as well as help seeking communication (Russell, 2008). In Australia, a precursor to the *Love Bites* programme was the *Respectful Relationships* programme run for Year 7 students. This taught relationship building skills such as; how to communicate with friends, resolve conflicts peacefully, help someone who is being bullied, challenging gendered norms, teaching students to recognise their agency in deciding the parameters of the dating relationship; to recognise abusive or coercive relationships and what constitutes sexual and domestic violence.

## **Teaching methods and approaches**

The Australian National Standard 3 “Undertaking inclusive, relevant and culturally sensitive practice” (Carmody et al., 2009, pp. 25-26), has indicated that SVPE teaching methods and approaches should consider student demographics, including culture, religion, world views, location (rural, urban) and religion as well as age-range. Consideration should also be given to learning needs of marginalised groups such as people with intellectual disabilities, students excluded or truanting or out-of-school, and students of sexual minorities. For example, Urbis Key Young’s (2004) report suggested that for indigenous people SVPE activities are most usefully framed within the wider context of family violence as prioritising one form of violence over another is unhelpful. However, although this may address immediate conceptual problems, it reinforces the masking of the gendered nature of sexual violence which is a key factor in its perpetuation (Carmody, 2006). Commenting on the challenges of developing SVPE for different cultural communities; Robertson and Oulton (2008) warned against the essentialisation of culture in developing SVPE. This can occur when researchers attribute behaviour to culturally specific factors which can just as easily be attributed to other factors such as colonisation, poverty or racism. The reverse also happens when some perpetrators of sexual violence excuse their behaviour by hiding behind cultural constructs. The Second Māori Taskforce on Whānau violence (Centers for Disease Control and Prevention, 2014c) described this as “imposter tikanga” or the “bastardisation” of cultural constructs to justify violence. Robertson and Oulton (2008) asserted that cultural stigmatisation occurs when “researchers fail to understand the differences between such self-serving rationalisations and the authentic, tika use of cultural constructs”.

In terms of participants with intellectual disabilities a useful theory to underpin SVPE is Social Role Valorisation (Race, 2007), which examines the ways students with intellectual disabilities are not “valorised” (valued) through various de-valuation process such as de-individualisation of their educational experience, the stigma associated with an intellectual disability and the lack of coherence in the educational service provision. The principle of model coherency examines whether the model of service (in this case SVPE) fits with the primary needs of the service users, in this case students with intellectual disabilities. This is a useful concept to develop and evaluate SVPE curricula for these students.

Another strategy is the use of creative programmes deploying art, song, interactive games and role plays involving indigenous colours and symbols; and by involving indigenous representatives in the planning and forums concerned with sexual assault prevention (Urbis Keys Young, 2004).

### ***Tailored to the audience***

Few teaching methods and approaches in the SVPE programmes reviewed were tailored to the needs of students with intellectual, physical or sensory disabilities or long term health conditions. Similarly, few acknowledged the cultural dimensions of SVPE for Māori and

Pasifika students. With regard to Māori students the *Tiaki Tinana Report* (Te Puni Kōkiri, 2009) identified the need for SVPE to be delivered from a Kaupapa Māori framework beginning with whakawhanaungatanga at the start of the initial session. This approach, the programme coordinators argued, was essential because “to deliver sensitive and potentially emotive material it is important to communicate a sense of safety and belonging” (Te Puni Kōkiri, 2009, p. 5). This programme utilised the concept of whānau in order to highlight both the risk and protective factors that exist and also to identify mechanisms for support and mentoring to facilitate primary prevention. Moreover, the report makes a strong case for SVPE delivery to be provided by Māori clinical specialists who are more able to work effectively with Māori whānau.

Similarly the *Pacific Pathways to the Prevention of Sexual Violence* (Percival et al., 2010) clearly identified that, from the perspective of Pasifika young people and their families, key elements of any successful SVPE programme included:

- Using traditional proverbs, comedy and stories with culturally specific metaphors to convey strong messages about sexual violence,
- Using the brother/sister framework referred to by Samoan people as the “feagaiga” covenant to promote respectful relationships between family members and reinforce the status of women in the family,
- Acknowledging the protected status of women as “fakataputapu,”
- Reinforcing cultural protocols on the shaming of sexually violent perpetrators,
- Acknowledging the impact of religious decline and colonisation on kinship and support networks as well as the protective factors in Pasifika communities,
- Using Pasifika and pop music culture.

### ***Modular delivery***

In the school-based SVPE programmes reviewed, a modular form of delivery by school teachers proved to provide several benefits. Firstly, this approach accommodates a variety of teaching methods such as lectures, student presentations in the form of seminars, group work presentations, case studies, role plays and media presentations, as well as online learning. Such variety facilitates greater student proactivity in learning. Secondly, the approach enables the programme to be grounded in the school curriculum and is thus likely to facilitate better “audience reception” in that teachers already have an existing rapport with students, the wider school network, colleagues and Head Teacher. Thirdly, teacher rapport skills are essential in dealing with the relational aspects of the programme such as taboo and sensitive subjects. Fourthly, teachers are more likely to address the support and legal requirements of a disclosure scenario (Quadara, 2008). Fourthly, modular programmes make workshop and seminars easier to organise and consolidate learning by breaking the

information down to manageable chunks, making it structured and thematically coherent. Finally, modular delivery can facilitate a variety of learning scenarios including separate seminar groups for boys, highlighted in the research as a factor in increased success rates of SVPE programmes (Russell, 2008).

### ***Group work***

There was little detail in the literature reviewed regarding specific teaching methods found successful in SVPE delivery. Given that group work is easily accommodated in modular delivery, we investigated the likely efficacy of group work as a teaching method for SVPE. This section outlines that investigation.

Put simply, group work can be defined as two or more people coming together to collaborate towards a specific goal (Brown, 1992). However within a therapeutic context such as that likely to arise in SVPE, group work is far more complex and is more than simply facilitation. It entails the organisation and management of a group to address the complexities of group dynamics such as the development of group norms, the level of group cohesion, how trust is generated, how resistance is manifested, how conflict emerges and is dealt with, and how to deal with group members who resist, manipulate or who try to dominate the group (Schneider-Corey et al., 2010, p. 67).

This conception of “group work” entails the deliberate use of intervention strategies to accomplish individual, group or community goals using the value base and ethical principles of the social work profession” ((Toseland & Rivas, 2001) p.3). It is popular because empirical studies tend to support clinical reports of the effectiveness of treatment groups. In a comprehensive review of well-designed studies comparing group treatment and individual one on one programmes, Toseland and Siporin (1986) found that group treatment was more effective than individual treatment in 25% of studies.

According to Schneider-Corey et al. (2010, pp. 67-68), different types of groups are designed to address different needs of group members. Of these, “psycho-educational” groups may be particularly suited to the demands of SVPE:

- Remedial groups - designed to “fix” or remedy people’s experience of distress, poverty or other social problems. The aim is to assist group members to acquire skills and knowledge to remedy the problem, for example, a “job club” for unemployed people.
- Social control groups - work to re-socialise or re-educate people into behaviour deemed more acceptable by society and seeks to educate people into more appropriate roles or behaviour such as a group for young offenders.
- Therapeutic groups - designed to cure or remedy a problem. The attainment of personal behaviour change is the main purpose of the group’s activities. Therapeutic

groups function to enhance members' knowledge about themselves and others and to clarify the behaviour changes people want to make in their lives.

- Psycho-educational groups – focus on developing members' cognitive and behavioural skills through a structured set of procedures within a series of group sessions (Schneider-Corey et al., 2010, p. 67). Psycho-educational groups seek to prevent an array of educational deficits and psychological problems through equipping group members with increased awareness of a selected life problem and related coping skills and tools. Psycho-educational groups are useful for addressing a broad range of problems such as: managing stress, learning assertive behaviours, managing personal relationships, and supporting survivors of physical or sexual abuse. There is no formal requirement for facilitators of psycho-educational groups to possess therapeutic skills or qualifications. However they do need a sound understanding of group processes and dynamics as well as experience of engaging group members in experiential learning. They also need a critical understanding of the beginning, transition and ending stages of group work, and of the types of conflicts and behaviours that occur at each stage.

We believe that a psycho-educational group work approach is one of the most effective ways to deliver the content of school-based SVPE, and strongly recommend its adoption for several reasons:

- Psycho-educational groups can be particularly useful in working with adolescents because this approach is consistent with the educational experience in a group setting such as school. It is also useful from a child development perspective because it can assist young people to develop the behavioural skills necessary to express their emotions appropriately i.e. devoid of violence and aggression. According to Schneider-Corey et al. (2010, p. 69) the psycho-educational group context provides members with the opportunities to refine their social skills through behavioural rehearsal training, cognitive exploration and role play scenarios.
- Successful SVPE requires the involvement and commitment of boys and to facilitate this boys need achievable goals, continuous mentoring and positive reinforcement of their involvement in violence prevention. This can be better achieved within the context of a psycho-educational group.

In addition to identifying the skills and processes entailed in the organisation of group work, Schneider-Corey et al describe "blue-prints" for setting up and managing specific types of therapeutic and psycho-educational groups including anger management groups, groups for victim-survivors of domestic abuse, women's groups, men's groups, specific groups for adolescents (for example to address bullying) and groups for older people (Schneider-Corey et al., 2010, pp. 251-395). Blue-prints for psycho-educational groups could be usefully applied to the setting up of school-based SVPE programmes.



## **Coherent and theoretical underpinning**

A consistent theme in the studies, reports and critiques of SVPE programmes we have reviewed has been the lack of coherent and theoretical underpinning of their content. Australian National Standard 1, "Using coherent conceptual approaches to programme design" (Carmody et al., 2009, p. 24), has stated that quality SVPE programmes include the articulation of one or more theoretical concepts relevant to SVPE and include an understanding of the gendered nature of society and sexual violence. In the following section we consider a range of approaches and models that can provide coherence in theoretical underpinning and teaching methods for SVPE.

### ***Metaphor***

Metaphor and allegory enable messages to be communicated without expressing the content directly (Shulman, 1984) and as such can be a powerful teaching tool for sensitive topics. Learning through metaphor can facilitate reflexivity or self-reflection on behaviour in a non-threatening way. It de-personalises threatening behaviour, which in turn reduces personal defensiveness and resistance to addressing the issue. This is essential if behaviour change is to occur. Moreover metaphors are ideal for simplifying complex abstract concepts, linking them concretely to existing knowledge and evaluating their practical significance. The three metaphors following offer a coherent framework (and possible pedagogical approach) to invite young people to explore the possibility of changing their attitudes to and tolerance of sexual violence. They also provide some classic examples of how complex, abstract concepts can be simplified and applied to practical problems or situations.

### ***Swimming upstream***

The first metaphor is of swimming upstream and repairing a bridge (Perry, 2005c). Perry explained this metaphor as follows:

Suppose you are standing next to a river, and you see someone drowning as she floats downstream. You jump into the river and pull her ashore. As soon as you've done that, you see another person in trouble, again floating downstream, and you rescue him as well. Every time you've saved one person, you see another, and another. After you've dragged another drowning body out of the river, you're thoroughly exhausted and you know you don't have the energy to save one more person, so instead you decide you must go upstream to find out what is causing these people to end up in the river. You want to address this problem at its source. You get upstream, and see a bridge. Upon careful inspection, you find that there is well-concealed, yet sizeable hole in this bridge that is causing people to fall in. What do you do? You do what makes the most sense - you work to repair the bridge. Primary prevention means "going upstream" and repairing the bridge before more people fall through the hole. (p. 2).

This is a complex metaphor that uses the ecological framework to identify and counteract the forces that impact on society's ability to address the underlying drivers of sexual violence. The bridge represents the factors that enable sexual violence at all four levels (individual, relationship, community and societal) and the hole represents sexual violence. It is insufficient to merely change people's attitudes and knowledge about the work required to "repair the bridge"; bridge repair must be promoted at all four levels. Perry (2005c) went on to explain:

Engineers, carpenters, and river safety/rescue professionals: They can provide expert insight into the structure of the bridge, and the nature of the hole and the river. They can contribute knowledge as to how the hole formed, why it is so well-concealed, how it usually causes people to fall into the river, and how to repair it in a lasting manner.

Members of the bridgies group: They benefit from tolls collected but have yet to put a significant portion of these resources towards bridge repair – we need their input both because they have extensive experience with the bridge, and because they can tell us how to convince the rest of the bridge-owners group that the hole is a significant problem that needs their action and resources. We need them on-board as our allies in order to ultimately repair the bridge.

Survivors of the river: They know what it's like to be helpless in the river, and they have first-hand knowledge of the pain caused by allowing the hole to exist.

Leaders of communities near the bridge: They can help make bridge repair a priority in their communities. Also, by getting community leaders invested in repairing the bridge, we can more easily gain access to the different segments of the public they represent. For example, if we have the principal of a local school invested in our mission, we can more easily interest students, faculty, and staff in launching "bridge repair" initiatives at that school.

Once we engage all of these folks – these stakeholders – we can start to solicit their input to formulate concrete action plans for bridge repair.

One final concept to keep in mind is that we must ensure our plan addresses the factors of bridge repair at all of the aforementioned levels (e.g., individual, relationship, community, and societal) – in more formal public health terminology, we need to make sure our plans cover the entire spectrum of our social ecology. For example, the bridge is owned by the people who live around it. The percentage of the bridge owned by a given individual directly relates to that person's status – the greater the percentage, the greater the status. Those with the most status – known as "bridgies" – are given more say in community affairs, are sought-after mates, receive a greater proportion of the toll revenue, and have a far greater knowledge of the bridge structure itself. As such, bridgies have a strong interest in extolling the

virtues of the bridge and promoting its use (which sometimes includes minimizing the danger of the hole) to keep their “superiority” intact. Thus, many people in the community use the bridge regularly without fully knowing the extent of its disrepair. If enough people were to become aware of the disrepair, the bridgies would be forced to fix it, and would lose income and much of their privilege in the communities (p. 4).

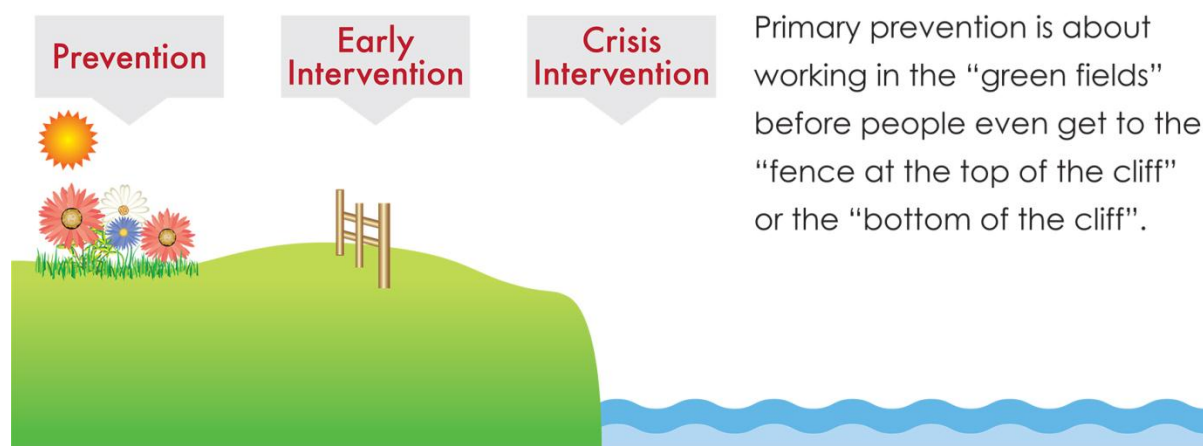
### *Working in the “green fields”*

This metaphor (depicted in Figure 4, p. 79) enables prevention to be understood as a continuum. While this metaphor is used by the Campaign for Family Violence which incorporates sexual violence, it is relevant to any programmes which specifically address sexual violence. If we are to effectively address sexual violence we must use a multi-pronged approach: primary prevention, early intervention and crisis intervention.

Primary prevention is about working in the “green fields” before people get to the fence at the top of cliff (Campaign for Family Violence, 2011, p. 42). That is we need to ensure that we create an environment where sexual violence is not normalised, minimised or tolerated. In this stage, the green fields, primary prevention initiatives target a whole community through the use of:

- Social marketing campaigns that challenge social norms tolerating violence and encourage positive change,
- Comprehensive programmes that build resilience, social skills and problem solving from early childhood,
- Implementing policy in sports clubs, workplaces, marae, churches, and schools to take a stand against violence and make it clear how violence will be addressed if it occurs,
- Broad interventions that address the underlying causes of family and sexual violence, such as work targeting gender and income equality (Campaign for Family Violence, 2011, p. 43).

**Figure 4: A Metaphor for Primary Prevention – The Cliff**



(Campaign for Family Violence, 2011, p. 42)

Early intervention (sometimes referred to as secondary intervention) is taking action quickly at the first signs of violence. These programmes target individuals and groups who exhibit signs that indicate they might be at risk for the perpetration of violence or are vulnerable and could potentially be victims of violence. Secondary interventions aim at changing behaviour or increasing skill levels. Such programmes might include mentoring or counselling. They might target environments where traditionally people or groups have used violence, such as sports clubs, with the objective of creating a culture of safe and respectful relationships that are reflected in codes of conducts for employees, players and members (Campaign for Family Violence, 2011).

Crisis intervention (also known as tertiary intervention) focuses on strategies that address and limit the effects of violence once it has occurred. These strategies deal with the aftermath of the violence. They ensure the safety of victims and provide medical support, emergency accommodation, criminal justice services, counselling services for victim-survivors, and therapeutic interventions for those who perpetrate violence. One of the aims is to ensure that the violence does not continue or escalate.

### *The vegetable garden*

The Tauwi Prevention Project uses the metaphor of growing vegetables in the vegetable garden to focus attention on “promoting the behaviours and attitudes in our communities which enhance well-being for all” (TOAH-NNEST, 2013c). It’s not enough to know which plants are weeds, and not needed in the vegetable garden. Neither is it enough to merely remove them once they have been identified. The requirements for a successful vegetable garden are rich soil, water and sunshine. So in this metaphor primary prevention is about changing the soil conditions in which our communities are growing. That is we need to do more than merely point out harmful attitudes and behaviours. “We need to identify what our communities need to build healthy sexual encounters and relationships by fostering

social norms of respect and equity in terms of gender, race, class, sexuality and disability – respect between people, respect between peoples” (TOAH-NNEST, 2013a). Enriched soil will assist communities to flourish.

The causes of sexual violence are complex and require complex prevention approaches. There are a combination of societal factors and individual psychological and emotional factors which support sexually violent behaviours. Sexual violence reflects and recreates power imbalances, and is most likely to be perpetrated on those perceived to be vulnerable, whether by age, ethnicity, race, gender, disability, a history of abuse, language, immigration, or the quality of social supports in a person's life (TOAH-NNEST, 2013a).

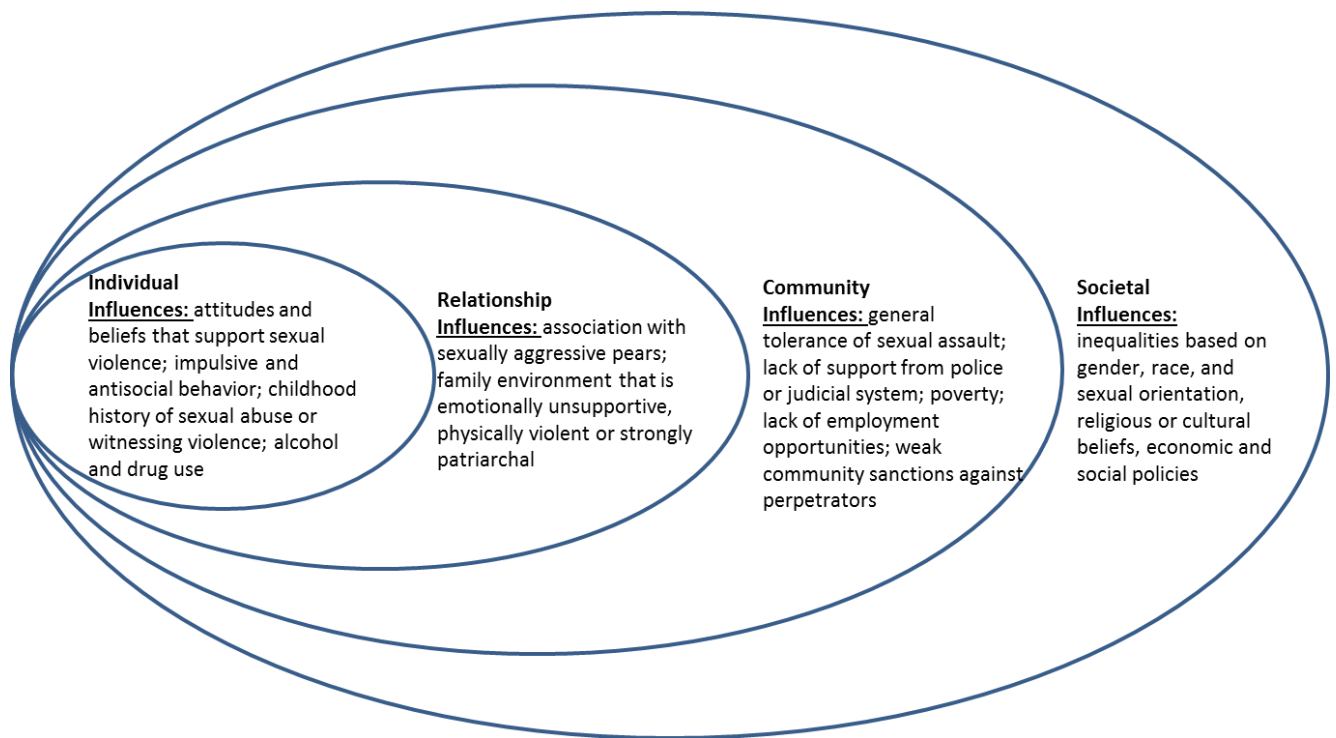
### ***The ecological model***

Social ecological models were developed to enhance the understanding of the dynamic interrelations among various personal and environmental factors and they seek to bridge the gap between behavioural theories that focus on small settings and anthropological or meta-narrative sociological theories that analyse larger settings.

Within the fields of social work and counselling these models became very popular in the 1970s and 1980s through the work of Bronfenbrenner's (2007) ecological framework; which suggests that in order to understand human development, the entire ecological system in which human emotional and psychological growth occurs needs to be taken into account. This approach renders a holistic understanding of the individual and their environment and has been adapted to a number of social problems like child sexual abuse (Calder & Hackett, 2003) and now sexual violence (Centers for Disease Control and Prevention, 2004).

A literature review completed for Te Puni Kokiri and the Ministry of Pacific Affairs (Robertson & Oulton, 2008) identified an ecological model developed by the CDC (2004). This model provides an excellent framework at multiple levels for considering and discussing various theories about causation, and risk and protective factors in sexual violence (see Figure 5, p. 81). This is important because the review of the literature has stressed that sexual violence prevention can only be successful if it is addressed on the individual, group, community and societal levels. The ecological model highlights this and ensures that the development of SVPE programmes accommodate strategies that encompass all four levels.

**Figure 5: The Ecological Model**



(Centers for Disease Control and Prevention, 2004, p. 5)

Russell (2008) described this ecological model as having four levels of risk and protective factors: "...Individual (e.g. personal beliefs that support sexual violence), Relationship (e.g. violent family, delinquent peer group), Community (e.g. lack of employment opportunities) and Society (e.g. things that occur on the macro level such as gender inequality)" (p. 4).

### ***Mapping ignorance***

Ann Kerwin's (1993) Map of Ignorance provides an understanding as to how rape myths have become established in our communities, why sexual violence is difficult to talk about and indeed why sexual violence is a taboo subject. Her map consists of at least the following domains:

#### **1. Things we know we do not know (known unknowns)**

Identifying our lack of knowledge can be fraught. Knowledge acquisition is dependent on the ability to ask questions, but to do so we need to have some knowledge so that we can ask the right questions to acquire the right information. Therefore, good questioning is not only dependent on skills but also requires some knowledge in the first instance (Kerwin, 1993).

#### **2. Things we do not know we do not know (unknown unknowns)**

Accepting that our abilities to perceive, conceive and comprehend are difficult for most. Our understandings are incomplete. We cannot know what we cannot know and we cannot see beyond our limits. If we knew it all, we would have no need to learn. Exploring the known unknowns – the things we know we don't know – reveals the things we didn't know we knew. New findings overturn the status quo; questions become answers which in turn prompts new questions. As we learn more we become very aware of how little we know. By being creative and innovative, we bring life to unknown unknowns (Kerwin, 1993).

**3. Things we think we know but do not (errors, false “truths”)**

Myths, errors, false truths mislead us. The acceptance of discredited knowledge stops us from making new discoveries. We need to constantly review our knowledge and understandings, because we do not know if those things we can claim now to know, may at some point in the future prove to be false. Knowledge must be treated as provisional so that resilient problem identification and solution can be enhanced (Kerwin, 1993).

**4. Things we do not know we know (tacit knowing)**

Intuition and a “sixth sense” are examples of tacit knowing. Some cultural groups identify these “powers” and use them without suspicion. Others overlook them. These feelings cannot be analysed scientifically but previous experience can inform us and facilitate the development of intuition. Reflection is integral to learning (Kerwin, 1993).

**5. Things we are not supposed to know but may find helpful (taboo)**

Sometimes known as forbidden or dangerous knowledge, because we don't know how some things work, we argue that they do not work. Yet, when things do work even though we do not understand why, we will use them (Kerwin, 1993).

**6. All the things too painful to know, so suppressed (denial)**

Denial is a mechanism we use to suppress knowledge that is too painful to know. We work actively to suppress painful knowledge even though we know it at a deep level. We are suspicious, fearful and so we feel threatened by this knowledge. Ignorance is a focus for denial, so too are culpability and fallibility, as are errors, mistakes, failure and loss of face. “When we refuse to acknowledge that which threatens us, we maintain a kind of ignorance which is insidious, and the more dangerous as it impairs our abilities to see, understand, decide, and serve” (Kerwin, 1993, p. 182).

Kerwin (1993) argued that “ignorance and learning ... are inextricably intertwined” (p. 175). That is, knowing and not knowing are not necessarily polarised. The pursuit of knowledge is driven by the acceptance and understanding of ignorance. Encouraging students and teachers to consider and question their own ignorance facilitates learning and thinking. Reflection on ignorance and mapping personal ignorance uplifts both students and teachers

to the same status of learner (Kerwin, 1993) and enables an interchange of new knowledge so that each can learn and unlearn from the other.

### *The Map of Ignorance as a Conceptual Framework*

Francis Bacon (1651)<sup>9</sup> once said that “knowledge is power”. This is perhaps why acknowledging our ignorance of a subject is so difficult, because it represents an open admission of our powerlessness. This is even more difficult in the contexts of sexual violence with its overtly gendered dimensions. However, understanding of the relationship between knowledge and power is insufficient on its own to understand the perpetuation of rape myths and this is where the Map of Ignorance can be useful in developing a learning skills inventory to ascertain how to develop our learning.

Kolb (n.d.) argued that the difference between adult learners and child learners is that adults learn by problem solving. However, to do this it is necessary to identify the nature and extent of a problem; in other words to move from a position of unconscious incompetence (complete ignorance of what we don’t know about an issue) to conscious competence; a reflexive and critical understanding of what we do know about a subject and how to go about addressing our knowledge gaps about it. Kerwin’s (1993) Map of Ignorance not only provides a conceptual framework to undertake a learning skills inventory; but also a process to identify what knowledge is needed to move from unconscious incompetence to conscious incompetence and in doing so challenge these rape myths and to change attitudes through SVPE.

The first domain reviews and reframes our unconscious incompetent – what Kerwin terms the “known unknowns”. The easy part is to identify what we don’t know but the hard part is to instinctively know “what are the “right” questions to ask to address this knowledge deficit?” In terms of rape myths the history of feminist struggles to raise the profile of sexual violence and develop protective services and justice for victim-survivors has been fraught with controversy as to what are the right questions? An example of this is the issue of personal safety, rather than asking the question how do women manage their personal safety, why is the focus not on making men responsible for exercising responsibility and self-control or the consequences of the sexually harmful behaviour?

The next domain examines the unknown unknowns. This is exemplified by a comment made by a researcher on this project.

Until I was involved in this project I did not know that I had no real idea what a legal definition of “rape” was or that I did not know the legal difference between “rape” and “sexual assault”. Admitting my ignorance then prompted me to undertake

---

<sup>9</sup> This quote is usually attributed to English philosopher and scientist Francis Bacon (1561-1626), however the first time it appeared in print was in *De Homine* (Concerning Man, 1658) written by English philosopher Thomas Hobbes (1588-1679), who, as a young man, worked for Bacon. This phrase may have been initiated by their conversations (Arp, 2013).



research to address this gap in my knowledge and this prompted me to reflect on what else I did not know and begin my own learning skills inventory, this mapping my personal ignorance and beginning a journey of reflection and learning.

However, during the period of addressing the unknown unknowns there is a “static stage” which the learner is in a weak position in terms of challenging media and societal representations of rape victim-survivors because of the lack of legal and subject area expertise to challenge the taken-for-granted assumptions, rape myths and false truths. But, this lack of expertise can be easily addressed by the plethora of research and vast body of knowledge which provides a coherent and consistent empirical body of knowledge with which to rebut such rape myths.

Things we think we know but do not (errors, false “truths”). As Kerwin (1993) suggested false truths mislead us, while the acceptance of discredited knowledge stops us from making new discoveries. Within this area this is manifest in the misunderstanding within many SVPE programmes of the difference between primary and secondary prevention or the preoccupation with secondary prevention in the belief that this will change behaviour (Carmody et al., 2009). Alternatively it is manifest in the error of focus in on resilience strategies for victim-survivors which only serve to foist responsibility for rape prevention onto victim-survivors (Moewaka-Barnes, 2010).

Conversely this leads into the next domain by understanding how to use our tacit or intuitive knowledge. As human beings we have an innate sense when power is being exercised over us (even at some subliminal level) or when we are subject to an injustice and this can inform our learning strategy to develop mechanisms for personal agency and our anti-oppressive practice strategies.

Ironically, domain six; understanding denial (both our own and others) makes sense in the context of domain three and is an ideal concept to understand how rape myths are perpetuated in the face of empirical evidence to the contrary. If we understand “denial” as a mechanism that we use to suppress knowledge that is too painful it is easy to see why victim-survivors feel powerless to challenge rape myths. Equally, Kerwin (1993) argued “denial” is also expressed as a form of ignorance which we can adopt when we feel threatened. This is useful in understanding typical male responses to rape and sexual violence, the backlash against feminist analysis of the issue as well as understanding how any SVPE threatens patriarchal power of which these acts represent a form of.

Domain four is the use of tacit knowledge, things that we know but sometimes have difficulty articulating. This is another source of knowledge development and empowerment because people generally have a good sense of patriarchal power particularly in the construction of male and female sexuality, but need help to develop a more articulated critique.

Rape and sexual violence are classic examples of “taboo” knowledge that is not appropriate to discuss or even knowledge of their existence. However, by examining why these are taboo subjects or why there is such strong denial of the extent of these problems we begin to understand the power dynamics at play in this scenario, which are crucial in developing primary prevention.

### ***Models for behaviour change***

The Australian National Standard 2 “Demonstrating the use of a theory of change” (Carmody et al., 2009, p. 25), has indicated that it should be possible to facilitate behaviour change within a target population, according to theories of behaviour change drawn from developmental and cognitive psychology. It notes the need for programmes to develop a conceptual link between programme activities and proposed behaviour changes, and asserts that this can be achieved by: demonstrating an understanding of the social, cultural and individual factors that promote sexual violence; articulation of the program’s work contributing to primary prevention; clear articulation of the behaviour change models/approaches influencing the programme and an understanding of the differences between attitude change and behaviour change and their subsequent impact on primary prevention.

Effective primary prevention programmes, then, must engage with behaviour change. We now consider two such models.

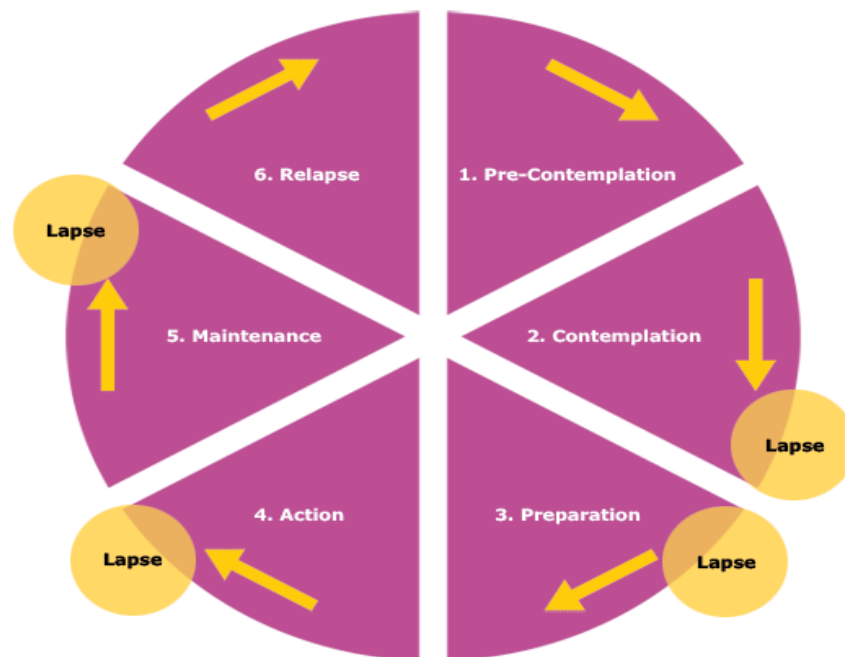
### ***Prochaska and DiClemente’s (1992) Five Stage Model of Change***

This model is grounded in cognitive-behavioural psychology and has had some long-standing success with adults for smoking cessation and drug/alcohol addiction issues (see Figure 6, p. 86). In the US in particular it is increasingly used in clinical social work (especially in juvenile justice) to explore strategies for behaviour change.

Prochaska and DiClemente’s model speaks to behaviour changes in individuals. The following model provides an understanding as to how change can be effected in a community. A particular strength of the wheel-of-change is the “pre-contemplation” stage where the counsellor invites the person contemplating behaviour change to undertake a personal “inventory” of the positives and negatives of keeping with the status quo (non-behaviour change) versus the benefits and disadvantages of change (behaviour change). Not only does it provide accurate information on a person’s motivation for change, it also recognises behaviour change as a dynamic process as suggested by the “relapse stage”. In doing this and providing a “maintenance stage,” this framework provides a mechanism for individuals to develop a structured set of strategies in order to identify the resources and support the young person is likely to need to sustain behaviour change; and also to develop strategies in the event of relapse.

While the wheel of change is useful in exploring individualised behaviour change, other models operate at a group or societal level and are more suitable for those contexts. We now consider an example of this.

**Figure 6: Prochaska and DiClemente's Five Stage Model of Change**

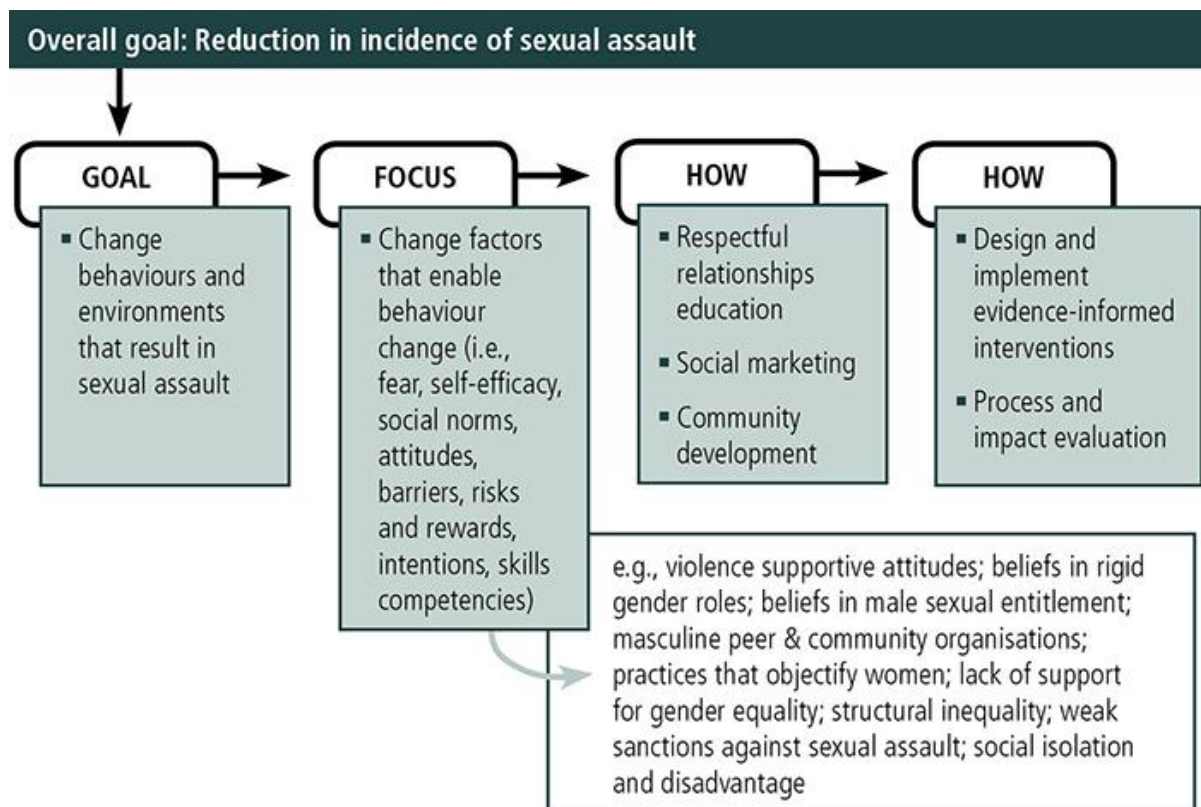


(Prochaska & DiClemente, 1992)

#### *Steps to collective behaviour change*

This model (see Figure 7, p. 87) identifies how to address changing societal tolerance towards sexual violence. Commensurate with the ecological model of sexual violence prevention, this model explores the four different levels that behaviour change needs to occur: individual, group, community and wider society and it explores the social, cultural, political and historical factors that need to be addressed to generate such change.

**Figure 7: Steps to Collective Behaviour Change**



(Quadara & Wall, 2012, p. 6)

## Evaluation

As indicated in the Australian National Standard 5, SVPE programmes should be “Using effective evaluation strategies” (Carmody et al., 2009, pp. 27-28). Effective evaluation facilitates reflexive learning and supports accountability, and there are a range of evaluation strategies that can be deployed in SVPE depending upon the kinds of information sought beyond participant satisfaction and establishing what has been learned. Programme evaluation requires a specific skill set and it may be necessary for SVPE providers to consult with someone who has expertise in this area. One way of establishing the appropriate type of evaluation is to use the following indicators outlined by Carmody et al. (2009, pp. 27-28):

- Articulation of a clear process and the intended programme outcomes to be evaluated.
- A demonstration of how evaluation is built into the program.
- Discussion of the evaluation approaches to be used with justifications.
- Ideally use of both quantitative and qualitative evaluation methods.

- Provision of a strategy for long term evaluation and documentation of follow up
- Consideration of contextual factors that may influence evaluation outcomes.
- Identification of methods used to disseminate findings (beyond reporting to funding bodies).

Carmody et al. (2009) referred to four models of evaluation included in the RESOLVE Alberta, Canadian resource manual on SVPE programmes:

1. **Needs assessment:** this model provides information on the extent and nature of sexual violence in the community or group in question prior to the programme and as such it is not really an evaluation tool though it can assist in identifying the extent of change after programme completion.
2. **Process evaluation:** types of programme delivery are examined, participant characteristics and degree of uptake of program. Useful in identifying under *what conditions* the programme is most effective.
3. **Customer/participant satisfaction studies:** provide information about what participants liked or disliked about the program. Customer satisfaction should never be confused with “process evaluation” (Carmody et al., 2009, p. 56).
4. **Outcome or impact evaluations:** seek to establish the effectiveness of the programme in terms of whether it achieved its goals e.g. did it change behaviour. Outcome evaluations can assess whether the programme has been effective in both the short-term and long term. However, outcome evaluations require the Programme goals to be clearly articulated and realistic.

In developing evaluation methods or processes, Carmody et al. (2009) stressed the importance of clarity of terms:

It is important to maintain a conceptual distinction between the means (process) and the ends (outcomes) of a program, and remember that these require different measures, even though they are interrelated. For example, it is possible to evaluate the outcomes and show a positive effect, such as increased understanding of the seriousness of sexual assault, while finding that the aspect of the programme which facilitated the change (process) was different from what was expected (Carmody et al., 2009, p. 65).

### ***Effectiveness of evaluation processes or mechanisms***

There are a number of theories drawn from the fields of developmental psychology that could be used to evaluate the effectiveness of behaviour change efforts in SPVE programmes. These include social learning theories (Bandura, 2004), theories of Reasoned Action (Fishbein & Ajzen, 2005), wider behaviour changes at societal levels that use social

ecological change model theories (Bartholomew, Parcel, Kok, & Gottlieb, 2001), bystander approaches (Banyard, Plante, & Moynihan, 2004; Miller et al., 2012), the social norms approach, and asset development or a strengths based approach (Dyson & Flood, 2008). However, there is much in the literature regarding the inadequacy of existing evaluation methods to evaluate behaviour change not only in the short term but also in the long term (Foshee et al., 2004).

Literature reviews by Ellis (2004, 2008) and Carmody et al. (2009) identified serious weaknesses in the evaluation mechanisms of most SVPE programmes. Their concerns focused around several key areas:

- Evaluation processes were not specific enough or tailored to the program, and were limited in their conception and execution.
- Evaluations were being implemented too soon after programme completion making it difficult to evaluate any change in the long-term.
- There was often an over-emphasis on participant satisfaction and a lack of focus on programme outcomes.
- A lack of use of valid measurement tools.
- The questionnaires developed by programme developers were not always a valid measure of what was seeking to be known.
- Lack of funding for planning and development of evaluations as a separate feature of the programs.

(Carmody et al., 2009, p. 55)

### **Implications for Content of School-Based SVPE in New Zealand**

New Zealand has followed a similar historical path to countries overseas. Rape prevention programmes have grown out of feminist campaigns that have put rape and sexual violence on the political agenda. Over time SVPE programmes have developed from addressing the aftermath of sexual violence and placing the responsibility on victim-survivors rather than the perpetrators of sexual violence, to primary prevention with young people in schools. This approach provides young people with knowledge and skills to prevent sexual violence occurring in the first place. However, it needs to be acknowledged there has been an international backlash against feminist campaigns which has had an impact on the development of SVPE programmes.

### **Topics**

There is some critique of the content of SVPE programmes that normalise gender stereotypes. More work needs to be done on curriculum content to address the

conceptualising of the complexity of human relationships, involving emotion, negotiation, questions of desire, and sexual orientation. One of the key challenges in generating primary prevention is discrediting the rape myths. Belief in or acceptance of rape myths has been strongly correlated with rape-supportive behaviour and homophobia both of which have undermined victim-survivor support initiatives and services (Pithers et al., 1988; Ryan, 2004). SVPE for young people needs to include realistic information as to how sexual activity is negotiated in practice, and female sexual agency.

In terms of skills building the curriculum needs to include more information on forming sexual relationships, handling peer pressure and negotiating consent. Consent is a particularly difficult concept due to its non-verbal dimensions and SVPE programmes need to incorporate these dimensions. Relationship skills building needs to include rapport building skills particularly for young males. Moreover, there was some discussion that these kinds of skills and SVPE more generally needs to start earlier, at primary school.

### **Learning outcomes**

As previously noted in our reviews of national and international programmes, we were unable to find specific references to learning outcomes of SVPE programmes. We appreciate that these may well exist as part of the development process of programmes. However, without specific learning outcomes it is difficult for programmes to develop robust assessment or evaluation mechanisms that move beyond satisfaction surveys. Learning outcomes need to reflect the diversity of student need in the context of their community, be that Māori, Pasifika, other ethnic/cultural groups, students with physical or intellectual disabilities and those students who might be absent from school long-term for a variety of reasons.

### **Teaching methods**

A modular structure for SVPE delivery has been identified as effective as it has the capacity to include a range of teaching methods. These could include lectures, student presentations in the form of seminars, group work presentations, case studies and role plays and media presentations, as well as online learning. Each module can reinforce messages and knowledge acquisition from earlier modules, as well as scaffolding the building of skills.

Effective SVPE programmes have an underpinning theoretical framework and pedagogical approach that enables the use of metaphorical models to simplify complex abstract concepts and address taboo subjects. An ecological model fosters critical reflection on the socio-political dimensions of sexual violence, while a model of behaviour change such as that promoted by Prochaska and DiClemente (1992) fosters students' proactivity in their own SVPE learning and development by getting them to reflect on motivation for behaviour change. Again teaching methods must be tailored to the diverse nature of the student population.

**Evaluation**

This review revealed a significant lack of information regarding effective evaluation methods. Without the means to effectively evaluate programmes, there will be limited opportunities to secure a commitment to funding for primary prevention programmes. A clear message from the literature is that evaluations need to move beyond satisfaction surveys and be longitudinal and measure behaviour change. Evaluations must also address the diversity of student populations.





## Chapter 7: Conclusions

In common with Ball (2013) and others, we note “the paucity of evidence” (p. 70) on which we can base our conclusions regarding SVPE. As Flood et al. (2009, p. 21) point out, “far too few interventions have been evaluated, and existing evaluations are often limited in methodological and conceptual terms.” Consequently, the pool of evidence we drew on was largely limited to Australia and North America. While this can guide us in New Zealand we need to be mindful that apparently successful programmes cannot be merely transplanted. They must be culturally appropriate in the New Zealand context.

From the outset we identified a framework that assisted our review of the SVPE literature. Drawing on the principles of robust educational programme design, we separated management and content aspects. This framework enabled an analysis across programmes and facilitated an understanding of all components of SVPE. Accordingly, we used this framework for presenting the findings of our literature review, and suggest that it would be useful for programme developers, reviewers, and evaluators alike.

Early in the report, we established that the prevalence of sexual violence in New Zealand, while contestable, is significant. The studies presented suggest that 1 in 4 girls and 1 in 8 boys has been sexually abused before the age of 16. Although it was beyond the scope of this review to discuss causes we did note the over-representation of Māori and Pasifika in all the demographics relating to sexual violence and explored some of the historical explanations for this. A similar finding emerged in relation to sexual violence and people with physical and intellectual disabilities. We highlighted the ongoing and significant human and financial costs of sexual violence in New Zealand which, it could be argued, should provide impetus for and some urgency in the development of primary prevention.

We began our review of school-based SVPE by exploring its current provision in New Zealand. We identified the key barrier to the development of SVPE as its location within existing sexuality education within schools. However, there are pockets of excellence, namely the quality of disclosure training for SVPE educators which makes New Zealand unique in the international field. Further, the programmes delivered by RPE, in the particular the *BodySafe* programme, were commended by New Zealand reviewers.

Australia has developed initiatives that are at the forefront of SVPE development. National standards for good practice have been collaboratively developed as a framework for developing and evaluating best practice for SVPE. They are comprehensive and encapsulate the elements of best practice drawn from national and international research, covering both management and content issues. New Zealand has no such comparable best practice standards for the delivery. While these standards are appropriate in the Australian context, they may not be in the New Zealand context. The sexual violence sector in New Zealand can

develop its own national standards. This will require extensive consultation with tangata whenua and tauwi.

It would appear from the literature reviewed that the *SAPPSS* programme delivered by CASA House in Victoria is highly regarded, and essentially is the gold standard of an effective whole-school approach. Evaluations of this programme, while they do not reach robust scientific standards for rigorous evaluation of effectiveness, noted the results were encouraging. A whole-school approach moves beyond one-off workshops and integrates SVPE into all facets of school life, so that it is embedded in school policies, has a place in the timetable, and is reinforced across the curriculum. Its theoretical underpinning is the ecological model, in recognition of the social context of sexual violence and the importance of respectful relationships as a building block to developing respectful sexual relationships. A whole-school approach reinforces the fact that schools are ideally placed to contribute to social change in terms of change on a macro level. Whole-school programmes could readily be implemented into New Zealand schools. It will require funding and a political will.

The US, too, can be seen to be at the forefront of SVPE development. Some US states have introduced legislation specifically for the teaching of teen dating violence in schools. This is an initiative that could be implemented in New Zealand and is a policy issue that could be picked up by non-government organisations aiming to make a difference in this respect. Stand-out programmes in the US that have been robustly evaluated and found to be effective are *Safe Dates* and *CBIM* (Coaching Boys into Men). The latter is particularly interesting for New Zealand. Coaches would be well placed to act as positive role models to young boys and men, but more importantly such a programme could be extended to all those sporting and recreational activities that young people engage in.

A particular strength of the Australian and North American programmes was their focus on the relational aspects of sexual relations. Programmes focused on the development of skills and knowledge in relation to consent, negotiating conflict, recognising signs of abuse, knowledge of specialist sexual violence services, gender stereotyping and help-seeking behaviours. The *SAPPSS* programme *CBIM* and the *Fourth R* demonstrated good programme design in that they were underpinned by a clear pedagogical approach. However, they did not address the development of group-work skills which is an important omission as group dynamics can be especially challenging for SVPE educators. We suggest that training in group-work skills is an important pre-requisite in effective programme facilitation.

Programme development must be located within the socio-political dimensions of SVPE and challenge the structures within our society that perpetuate rape myths and patriarchal analyses. Talking about sexual violence is a difficult conversation and when sexual violence is embedded in programmes that address other social issues, there is an ever-present danger that the difficult conversation is side-lined and may over time discretely vanish from the programme. To avoid this, sexual violence must be the primary focus of the programme.

A recurring omission across programmes reviewed in New Zealand, Australia, North America and the UK, was the absence of clear and specific learning outcomes in programme descriptions. This is not to say that learning outcomes do not exist, they are implicit in the descriptions of programmes, and they may well have been overlooked when programmes have been formally documented. Learning outcomes must be explicitly stated. Indeed, robust programme development begins from the point of learning outcomes – what will participants/students be able to do on the completion of the programme. Further, learning outcomes are necessary for robust assessment and evaluations.

Funding and resourcing were a recurring theme in the literature reviewed, both within New Zealand and overseas. Generally, programmes did not itemise income, expenses, or sources of funding. It is likely that introducing new programmes would present a challenge for most schools. Perhaps in recognition of these challenges one US organisation has created a resource that assists schools to locate funding for the delivery of SVPE (Blueprints, n.d.). Such a tool would be a useful resource in the New Zealand context, but its development would require funding and for it to have continued value, it would require regular updating, which means more funding.

Being a teacher in a school does not necessarily mean he or she has the pre-requisite skills to deliver SVPE. Teachers require training before they can deliver SVPE. They need specialist knowledge, which preferably is provided by specialist agencies. Similarly, the same can be said of people who work in specialist agencies. Knowledge of the topic alone does not provide trainers with the pre-requisite skills to deliver SVPE. Rather, a collaborative approach to the delivery of SVPE is required. The teacher's existing relationship with students combined with the expertise of the specialist could maximise positive learning outcomes for students. It should be cautioned that not all teachers are suitable candidates for delivering SVPE and careful screening procedures need to be put in place.

Finally, we have found no mention of a dedicated qualification for SVPE in the national or international literature, although one reviewer did note the need for a centralised training programme. This would provide credibility to the role, and provide career progression for those wishing to work in this field. Consultation between educational providers, and sexual violence sector would enable the development of a programme that could be either standalone or be a component of a broader programme. Given the prevalence of sexual violence in our communities, the human and financial costs, it makes good economic sense to provide and fund primary prevention programmes that are delivered by qualified personnel.



## **Chapter 8: Recommendations**

The following recommendations may seem ambitious, particularly in the current fiscal climate. However, as repeatedly stated throughout this report, primary prevention will only occur when sexual violence in all its manifestations is addressed. This includes addressing it on individual, psychological, socio-economic, political and ideological levels. It is hoped that this perspective is not lost in the pursuit of evidence-based practice approaches for programme delivery.

### **Recommendations**

There are 12 recommendations, divided into general, management and content aspects of SVPE programme development.

#### **General**

Two recommendations address general approaches to SVPE.

1. Develop a multi-pronged approach to effective primary prevention of sexual violence that includes:
  - Engaging all stakeholders to promote wider “ownership” of the issue
  - Planning initiatives according to an “ecological” framework
  - Developing effective educational programmes.
  - Changing policies in societal institutions that foster inequalities
  - Changing laws that discriminate against vulnerable people
  - Creating or strengthening laws that promote equality.
2. In collaboration with Māori iwi and hapū, develop national standards for New Zealand SVPE programme development similar to those instigated in Australia. This would include implementation strategies to ensure culturally competent SVPE. In introducing the Australian standards, Carmody et al. (2009) stressed that these did not represent a “blue-print” for good practice. Rather, they explained that:

Their central aim is to give confidence to education providers, communities, organisations and policy makers that the prevention education being provided is based on principles and standards grounded in research evidence and practice wisdom. They can assist educators in knowing how effective the prevention education is in working towards behavioural and cultural change (Carmody et al., 2009, p. 69).

## **Management**

Six recommendations address contextual features of school-based SVPE programmes: those features decided by the stakeholders. These recommendations particularly address delivery mechanisms, and support for educator training.

3. Adopt the whole-school model as the best approach for delivering primary prevention programmes. This model has implications for participants, purpose, timing and location and is recognised internationally as the gold standard of SVPE delivery.
4. Ensure SVPE is integrated into the school curriculum in two ways:
  - a. as a specialist subject rather than as a discrete topic within subject areas such as Health Studies or Biology,
  - b. as an approach embedded in other curriculum areas such as English literature.
5. Ensure SVPE programmes are delivered:
  - a. in modular form by members of teaching staff,
  - b. over periods of 6 to 12 weeks,
  - c. in sessions of 45 to 60 minutes duration that include some single-sex sessions.
6. Establish a permanent funding stream for “Train the trainer” roles (whether full time or part time) to ensure continuity and sustainability in programme delivery. These positions should be located in specialist agencies which have the expertise to act as both co-ordinators and consultants for SVPE programme development and delivery.
7. Establish a professional national qualification in SVPE for those training the trainers. This qualification should be linked to career progression and life-long learning in order to increase employability and build up agency capacity.
8. Provide clinical supervision for all those involved in SVPE to enable educators to deal with the aftermath of disclosures, and the vicarious trauma that may result.

## **Content**

Four recommendations address instructional features of an education programme: those features decided by the educators. These recommendations particularly address programme content, and the nature of educator training.

9. Ensure the content of educational programmes:
  - a. is designed in terms of specific measurable learning outcomes that form the basis of robust assessment and evaluation,
  - b. addresses the underlying causes of sexual violence including pervasive ideas such as those contained in rape myths,
  - c. focuses on skills development for fair and honest relationships, and behaviour and attitudinal change in relationship to sexual violence,

- d. addresses diversity, particularly in relation to the learning needs of Māori and Pasifika communities as well as those of people living with physical or intellectual disabilities.
10. Train young people to be peer educators. This is important for generating behaviour change not only within the school community but also within the broader community.
  11. Train educators in group work skills so that they can address the dynamics and behavioural challenges that may occur as a result of SVPE group processes.
  12. Develop and resource effective long-term evaluation methods that incorporate analysis of behaviour change and include indigenous models of strength-based practice.

These recommendations cannot be implemented by any one agency alone. Sustained funding streams and a political will is paramount, without which the sexual violence prevention sector in New Zealand will not be able to develop and deliver sustainable education programmes. Our suggestions are intended to provide an evidence base for developing good practice in education for the prevention of sexual violence, and to offer some direction for a holistic and primary preventative approach to sexual violence.

### **Future Research**

Our review of the literature revealed a lack of research in two key areas: evaluation of programmes and the needs of certain marginalised groups. If SVPE programmes are to meet these needs, the following research is essential:

1. Research into developing a framework for programme evaluation,
2. Development and evaluation of Māori and Pasifika pedagogical approaches to SVPE,
3. Evaluation of the learning needs of students with physical or intellectual disabilities in relation to SVPE.

In addition we recommend the following:

4. Undertaking a review of current education programmes for sexual violence offenders. Such programmes already exist in New Zealand and would likely provide direction in terms of management and content of school based programmes. At the very least research should investigate the extent to which such programmes send congruent messages.

Despite advances in Australia and North America, the development of primary prevention education is still in its early stages. We suggest that these recommendations for future research will move this development towards the sustainability of school-based, sexual violence primary prevention education.





## References

- Ahrens, C. (2006). Being Silenced: The impact of negative social relations on the disclosure of rape. *American Journal of Community Psychology* 38(2), 263-274. doi: 10.1007/s10464-006-9069-9
- Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child abuse. *Child Abuse & Neglect*, 28(2), 1213-1227 doi: 10.1016/j.chiabu.2004.03.016
- Allen, L. (2005). *Sexual subjects: Young people, sexuality and education*. Basingstoke, UK: Palgrave-Macmillan.
- Anderson, J., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of childhood sexual abuse experiences in a community sample of women. *Journal of the American Academy of Child Adolescent Psychiatry*, 32(5), 911.
- Aosved, A., & Long, P. (2006). Co-occurrence of rape myth acceptance, sexism, racism, homophobia, ageism, classism, and religious intolerance. *Sex Roles*, 55(7-8), 481-492. doi: 10.1007/s11199-006-9101-4
- Arp, R. (Ed.). (2013). *1001 ideas that changed the way we think*. New York: Atria Books.
- Ball, J. (2013). Effectiveness of relationship education programmes in schools for years 7-13. Wellington: Families Commission.
- Balzer, R. (1999). *Hamilton Abuse Intervention Project: The Aotearoa experience. Coordinating community responses to domestic violence: Lessons from Duluth and beyond*. Thousand Oaks, CA: Sage Publications, Inc.
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, 31(2), 143-164. doi: DOI: 10.1177.1090198104263660
- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, 32(1), 61-79. doi: 10.1002/jcop.10078
- Bartholomew, K., Parcel, G., Kok, G., & Gottlieb, N. (2001). *Intervention Mapping: Developing theory-and evidence-based health education programs*. Mountain View, CA: Mayfield.
- Basile, K., Lang, K., Bartenfeld, T., & Clinton-Sherrod, M. (2005). Evaluability assessment of the rape prevention and education program: Summary of findings and recommendations. *Journal of Women's Health*, 14(3), 201-207.
- BBC News. (2014). Sex education 'not taught properly by schools'. Retrieved October 7, 2014, from <http://www.bbc.com/news/education-27733256>
- Berkowitz, A. (2010). Fostering healthy norms to prevent violence and abuse: The social norms approach. In K. Kaufman, L (Ed.), *The prevention of sexual violence: A practitioner's sourcebook*. Fitchburg, MA: NEARI Press Distribution.
- Biggs, J., & Tang, C. (2007). *Teaching for quality learning at university*. Berkshire, England: Open University Press.
- Blueprints. (n.d.). Safe Dates. Retrieved August 6, 2014, from <http://www.blueprintsprograms.com/fundingStrategies.php?pid=98fbc42faedc02492397cb5962ea3a3ffc0a9243>
- Briggs, F., & Hawkins, R. (1997). *Child protection: A guide for teachers and child care professionals*. St Leonards, NSW, Australia: Allen & Unwin.
- Brown, A. G. (1992). *Groupwork* (3rd ed.). Aldershot, UK: Ashgate.

- Burt, M. R. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology*, 38(2), 217-230.
- Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). *Preventing violence: A guide to implementing the recommendations of the world report on violence and health*. Geneva: Department of Injuries and Health, World Health Organisation. Retrieved from <http://whqlibdoc.who.int/publications/2004/9241592079.pdf>
- Calder, M., & Hackett, S. (Eds.). (2003). *Assessment in child care: Using and developing frameworks for practice*. Lyme Regis, U.K.: Russell House.
- Cambridge, P. (1997). How far to be gay? The politics of HIV in learning disability. *Disability and Society*, 12(3), 427-453.
- Campaign for Family Violence. (2011). *Creating change: For people working to prevent family violence in New Zealand*. Wellington: Family and Community Services, Ministry of Social Development. Retrieved from <http://www.areyouok.org.nz>
- Campbell, R., Baker, C., & Mazurek, T. (1998). Remaining radical? Organizational predictors of rape crisis centers' social change initiatives. *American Journal of Community Psychology*, 26(3), 457-483. doi: 10.1023/a:1022115322289
- Canadian Women's Foundation. (n.d.). Violence prevention resources. Retrieved October 7, 2014, from <http://www.canadianwomen.org/violence-prevention-resources>
- Carmody, M. (2005). Ethical erotics: Reconceptualizing anti-rape education. *Sexualities*, 8(4), 465-480. doi: 10.1177/1363460705056621
- Carmody, M. (2006). Preventing adult sexual violence through education? *Current Issues in Criminal Justice*, 18(2), 342-356.
- Carmody, M. (2009a). Conceptualising the prevention of sexual assault and the role of education. *ACSSA Issues*, 10, 1-19.
- Carmody, M. (2009c). *Sex and ethics: Young people and ethical sex*. Melbourne: Palgrave Macmillan.
- Carmody, M., & Carrington, K. (2000). Preventing sexual violence? *Australian and New Zealand Journal of Criminology* 33(3), 341-361.
- Carmody, M., Evans, S., Krogh, C., Flood, M., Heenan, M., & Ovenden, G. (2009). *Framing best practice: National standards for the primary prevention of sexual assault through education*. Sydney: National Sexual Assault Prevention Project for NASASV, University of Western Sydney.
- Carroll-Lind, J. (2010). *Responsive schools*. Wellington, NZ: Office of the Children's Commissioner. Retrieved from <http://www.occ.org.nz/assets/Uploads/Reports/Education/Responsive-schools.pdf>
- Centers for Disease Control and Prevention. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Centres for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf>
- Centers for Disease Control and Prevention. (2007). CDC's Choose Respect initiative. Retrieved June 27, 2014, from [http://www.cdc.gov/news/2007/08/choose\\_respect.html](http://www.cdc.gov/news/2007/08/choose_respect.html)
- Centers for Disease Control and Prevention. (2014a). Injury prevention and control. Retrieved June 27, 2014, from <http://www.cdc.gov/violenceprevention/sexualviolence/prevention.html>
- Centers for Disease Control and Prevention. (2014c). Teen Dating Violence. Retrieved June 27, 2014, from

- [http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen\\_dating\\_violence.html](http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html)
- Clark, T., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., . . . Utter, J. (2013). *Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland: The University of Auckland.
- Clark, T., Robinson, E., Crengle, S., Grant, S., Galbreath, R., & Sykora, J. (2009). *Youth'07: The health and wellbeing of secondary school students in New Zealand. Findings on young people and violence*. Auckland: The University of Auckland.
- Coker, A. L., Cook-Craig, P. G., Williams, C. M., Fisher, B. S., Clear, E. R., Garcia, L. S., & Hegge, L. M. (2011). Evaluation of Green-Dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence against Women*, 17(6), 776-796. doi: 10.1177/1077801211410264
- Cowburn, M., & Dominelli, L. (2001). Masking hegemonic masculinity: Reconstructing the paedophile as the dangerous stranger. *British Journal of Social Work*, 31, 399-415. doi: 10.1093/bjsw/31.3.399
- CRCC. (n.d.). Education and Training. Retrieved July 26, 2014, from <http://crcc.org.au/services/education-training>
- Crooks, C. V., Goodall, G. R., Hughes, R., Jaffe, P. G., & Baker, L. L. (2007). Engaging men and boys in preventing violence against women: Applying a cognitive-behavioral model. *Violence against Women*, 13(3), 217-239. doi: 10.1177/1077801206297336
- Dickinson, P., Carroll, P., Kaiwai, H., & Gregory, A. (2010). *BodySafe programme: Evaluation Report*. Auckland: SHORE and Whariki Research Centre, School of Public Health, Massey University.
- Dickson, S. (2013). *Preventing sexual violence: A stocktake of tauiwi & bicultural primary prevention activities*. Wellington: TOAH-NNEST. Retrieved from <http://www.toah-nnest.org.nz/images/pdfs/PreventingSexualViolenceStocktake.pdf>
- Doone, P. (2000). *He whakarurutanga ma te ao: Report on combating and preventing Māori crime*. Wellington: Crime Prevention Unit, Department of the Prime Minister and Cabinet. Retrieved from <http://www.justice.govt.nz/publications/publications-archived/2000/report-on-combating-preventing-maori-crime-hei-whakarurutanga-mo-te-ao?searchterm=report+on+combating+>
- Dubourg, R., Hamed, J., & Thorns, J. (2005). *The economic and social costs of crime against individuals and households 2003/04* (Home Office Online Report 30/05). London: Home Office. Retrieved from [http://www.hm-treasury.gov.uk/d/1\(1\).pdf](http://www.hm-treasury.gov.uk/d/1(1).pdf)
- Dyson, S., & Flood, M. (2008). *Building cultures of respect and non-violence: A review of literature concerning adult learning and violence prevention programs with men*. Melbourne: Australian Research Centre in Sex, Health and Society at La Trobe University. Retrieved from <http://www.xyonline.net/sites/default/files/Dyson%20Flood,%20Building%20culture%20of%20respect.pdf>
- Education Review Office. (2007a). *The teaching of sexuality education in years 7 to 13*. Wellington: Education Review Office. Retrieved from <http://www.ero.govt.nz/National-Reports/The-Teaching-of-Sexuality-Education-in-Years-7-13-June-2007>
- Education Review Office. (2007i). *The teaching of sexuality in years 7-13: Good practice*. Wellington: Education Review Office. Retrieved from

<http://www.ero.govt.nz/National-Reports/The-Teaching-of-Sexuality-Education-in-Years-7-13-Good-Practice-June-2007>

- Ellis, J. (2004). *Preventing violence against women and girls: A study of educational programmes for children and young people*. London, UK: University of Warwick for Womankind Worldwide.
- Ellis, J. (2008). Literature review: Better outcomes for children and young people affected by domestic abuse: Directions for good practice. In C. Humphries, C. Houghton, & J. Ellis (Eds.), *Primary prevention of domestic abuse through education*. Edinburgh: Scottish Government.
- Faludi, S. (1991). *Backlash: The undeclared war against American women*. New York: Random House.
- Fanslow, J., McGregor, K., Coggan, K., Bennett, S., & McKenzie, D. (2000). *Research into programmes to prevent intentional injury and violence to children*. Auckland: Injury Prevention Research Centre, The University of Auckland. Retrieved from <http://www.fmhs.auckland.ac.nz/soph/centres/ipic/docs/cr52.pdf>
- Fanslow, J., & Robinson, E. M. (2004). Violence against women in New Zealand: Prevalence and health consequences. *New Zealand Medical Journal*, 117(1206), 1173-1185. <http://journal.nzma.org.nz/journal/117-1206/1173/>
- Fanslow, J., Robinson, E. M., Crengle, S., & Perese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse & Neglect*, 31(9), 935-945. doi: 10.1016/j.chiabu.2007.02.009
- FCADV. (n.d.). Educators. Retrieved August 6, 2014, from <http://www.fcadv.org/educators>
- Fergusson, D. M., Horwood, L. J., & Woodward, L. J. (2000). The stability of child abuse reports: A longitudinal study of the reporting behaviour of young adults. *Psychological Medicine*, 30, 529-544.
- Fishbein, M., & Ajzen, I. (2005). The influence of attitudes on behaviour. In D. Albarracin, B. Johnson, & M. Zanna (Eds.), *The handbook of attitudes* (pp. 173-221). London, UK: Erlbaum Associates.
- Fisher, B. S., Daigle, L. E., & Cullen, F. T. (2008). Rape against women: what can research offer to guide the development of programs and risk reduction interventions? *Journal of Contemporary Criminal Justice*, 24(2), 163-177. doi: 10.1177/104398620831548
- Flett, R. A., Kazantzis, N., Long, N. R., MacDonald, C., & Millar, M. (2004). Gender and ethnicity differences in the prevalence of traumatic events: evidence from a New Zealand community sample. *Stress and Health*, 20(3), 149-157. doi: 10.1002/smi.1014
- Flood, M. (2006). Changing men: Best practice in sexual violence education. *Women Against Violence*(18), 26-36.
- Flood, M., Fergus, L., & Heenan, M. (2009). *Respectful relationships education: Violence prevention and respectful relationships education in Victorian secondary schools*. Melbourne: Department of Education and Early Childhood Development. Retrieved from <http://www.maribyrnong.vic.gov.au/files/respectful-relationships.pdf>
- Foshee, V. A., Bauman, K. E., Ennett, S. T., Linder, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the long term effects of the Safe Dates Program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*, 94(4), 619-624. doi: 10.2105/AJPH.94.4.619

- Futures Without Violence. (2014). Coacing Boys into Men. Retrieved June 27, 2014, from <http://www.futureswithoutviolence.org/content/features/detail/811/>
- Futures Without Violence. (n.d.). Legislation to reduce teen dating violence. Retrieved August 6, 2014, from <http://www.futureswithoutviolence.org/content/features/detail/1802/>
- Gault, I. (2012). *Macho man: Hyper-masculinity and adolescent dating violence*. Paper presented at the No To Violence Conference, November 14-16, 2012, Melbourne, Australia.
- Hassall, I., & Hanna, K. (2007). *School-based violence prevention programmes: A literature review*. Auckland, NZ: Institute of Public Policy, AUT. Retrieved from [http://www.ipp.aut.ac.nz/\\_data/assets/pdf\\_file/0016/110473/violence-prevention-programmes.pdf](http://www.ipp.aut.ac.nz/_data/assets/pdf_file/0016/110473/violence-prevention-programmes.pdf)
- Hayes, P. (2002). *Evaluating the CASA House (anti) sexual assault secondary schools workshops*. Melbourne: CASA House.
- Hilton, N., Harris, G., Rice, M., Smith Krans, T., & Lavigne, S. (1998). Anti-violence education in high schools. *Journal of Interpersonal Violence*, 13(6), 726-742.
- Hirini, P., Flett, R., Long, N., & Millar, M. (2005). Frequency of traumatic events, physical and psychological health among Māori. *New Zealand Journal of Psychology*, 34(1), 10-27. [http://www.psychology.org.nz/cms\\_show\\_download.php?id=623](http://www.psychology.org.nz/cms_show_download.php?id=623)
- Hokowhitu, D. (2004). Tackling Māori masculinity: A colonial genealogy of savagery and sport. *The Contemporary Pacific*, 16(2), 259-284.
- Hook, G. R. (2009a). Does the Domestic Violence Act discriminate against Māori? *MAI Review*, (1). <http://www.review.mai.ac.nz/index.php/MR/article/view/165/225>
- Hook, G. R. (2009e). The potential influence of legislation on the criminality of Māori and Pacific Islanders in New Zealand. *MAI Review*, (3). <http://www.review.mai.ac.nz/index.php/MR/article/viewFile/227/311>
- Hyde, L., Imbesi, R., Price, E., Sharrock, S., & Tufa, T. (2011). Feminism in schools: Exploring the prevention of sexual assault in school communities. *Redress*, (April). [http://www.awe.asn.au/drupal/sites/default/files/Sexual%20Assault%20Prevention%20Program%20for%20Secondary%20Schools\\_0.pdf](http://www.awe.asn.au/drupal/sites/default/files/Sexual%20Assault%20Prevention%20Program%20for%20Secondary%20Schools_0.pdf)
- Imbesi, R. (2008). *CASA House: Sexual assault prevention program for secondary schools (SAPPSS)*. Melbourne: Centre Against Sexual Assault. Retrieved from [http://www.casahouse.com.au/index.php?page\\_id=172](http://www.casahouse.com.au/index.php?page_id=172)
- Imbesi, R., & Lees, N. (2011). *Boundaries, better friends and bystanders: Peer education and the prevention of sexual assault*. Melbourne, Victoria: CASA House.
- It's Not Ok. (2013). Loves-Me-Not piloted at nine schools. Retrieved August 29, 2013, from [http://www.areyouok.org.nz/whats\\_new.php&news\\_id=306](http://www.areyouok.org.nz/whats_new.php&news_id=306)
- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., . . . Officer, A. (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), 899-907. doi: 10.1016/S0140-6736(12)60692-
- Jülich, S. (2001). *Breaking the silence: Restorative justice and child sexual abuse*. (PhD Thesis), Massey, Albany. Retrieved from <http://mro.massey.ac.nz/handle/10179/2110>
- Jülich, S., Sturgess, C., McGregor, K., & Nicholas, L. (2013). Cost as a barrier to victim/survivors of adult sexual violence in thier recovery and in accessing services and justice. *SAANZ*, 5(2), 57-68.



- Kable, A. K., Pich, J., & Maslin-Prothero, S. E. (2012). A structured approach to documenting a search strategy for publication: A 12 step guideline for authors. *Nurse education today*, 32(8), 878-886. doi: 10.1016/j.nedt.2012.02.022
- Kazantis, N., Flett, R., Long, N., MacDonald, C., & Millar, M. (2000). Domestic violence, psychological distress, and physical illness among New Zealand women: Results from a community-based stud. Retrieved from *New Zealand Journal of Psychology*, 29(2), 67-73. [http://www.psychology.org.nz/cms\\_show\\_download.php?id=700](http://www.psychology.org.nz/cms_show_download.php?id=700)
- Kerwin, A. (1993). None too solid: Medical ignorance. *Science Communication*, 15(2), 166-185. doi: 10.1177/107554709301500204
- Knowles, M. (1990). *The adult learner: A neglected species* (4th ed.). Houston, TX: Gulf Publishing.
- Koziol-McLain, J., Gardiner, J., Batty, P., Rameka, M., E, F., & Giddings, L. (2004). Prevalence of intimate partner violence among women presenting to an urban adult and paediatric emergency care department. *New Zealand Medical Journal*, 117(1206). <http://journal.nzma.org.nz/journal/117-1206/1174/>
- Koziol-McLain, J., Remeka, M., Giddings, L., Fyfe, E., & Gardiner, L. (2007). Partner violence prevalence among women attending a Māori health provider *Australian and New Zealand Journal of Public Health*, 31(2), 143-148. doi: 10.1111/j.1753-6405.2007.00032.x
- Laing, L., & Bobic, N. (2002). *Economic costs of domestic violence: Literature review*. Retrieved from [http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Economic\\_costs\\_of\\_DV.pdf](http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Economic_costs_of_DV.pdf)
- Lapsley, H. (1993). *The Measurement of Family Violence: A Critical Review of the Literature*. Wellington: Social Policy Agency.
- Lievore, D., Mayhew, P., & Mossman, E. (2007). *The Scale and Nature of Family Violence in New Zealand: A Review and Evaluation of Knowledge*. University of Victoria, NZ, Centre for Social Research and Evaluation. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/scale-nature-family-violence/index.html>
- Lin, J., Lin, L., Lin, P., Wu, J., Li, C., & Kuo, F. (2010). Domestic violence against people with disabilities: Prevalence and trend analyses. *Research in Developmental Disabilities*, 31(6), 1264-1268. doi: 10.1016/j.ridd.2010.07.018
- London, K., Bruck, M., Ceci, S., & Shuman, D. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy and Law*, 11(1), 194-226. doi: 10.1037/1076-8971.11.1.194
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths. In review. *Psychology of Women Quarterly*, 18(2), 133-164. doi: 10.1111/j.1471-6402.1994.tb00448.x
- Marie, D., Fergusson, D., & Boden, J. (2009). Ethnic identity and criminal offending in a New Zealand birth cohort. *Australian and New Zealand Journal of Criminology*, 42, 354-368. doi: 10.1375/acri.42.3.354
- Mayhew, P., & Adkins, G. (2003). Counting the costs of crime in Australia. *Trends and Issues in Crime and Criminal Justice* No. 247. Retrieved July 27, 2009, from <http://www.aic.gov.au/publications/current%20series/tandi/241-260/tandi247.aspx>
- Mayhew, P., & Reilly, J. (2006). *New Zealand crime & safety survey*. Retrieved from <http://www.justice.govt.nz/publications/global-publications/n/nz-crime-safety-survey-2006-key-findings>

- McKie, L. (2005). *Family violence and social change*. Buckingham, UK: Open University.
- Meyer, H., & Stein, N. (2004). Relationship violence prevention education in schools: What's working, what's getting in the way, and some future directions. *American Journal of Health Education*, 35(4), 198-204.
- Mila-Schaaf, K., Robinson, E., Schaaf, D., Denny, S., & Watson, P. (2008). *A health profile of Pacific youth: Findings of Youth 2000*. Auckland: The University of Auckland, New Zealand. Retrieved from <https://cdn.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2001-pacific-report-oct08.pdf>
- Miller, E., Trancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A., . . . Silverman, J. G. (2012). Coaching boys into men: A cluster randomized controlled trial of a dating violence program. *Journal of Adolescent Health*, 51(5), 431-438. doi: 10.1016/j.jadohealth.2012.01.018
- Miller, T. R., Cohen, M. A., & Wiersema, B. (1996). *Victim Costs and Consequences: A New Look*. Rockville: National Institute of Justice, US Department of Justice.
- Ministry of Education | Te Tāhuhu o Te Māturanga. (2014). *Positive behaviour for learning: Restorative practice kete - Book One Introduction*. Wellington, NZ: Ministry of Education.
- Ministry of Women's Affairs. (2012). *Lightening does strike twice: Preventing sexual revictimisation*. Ministry of Women's Affairs. Retrieved from [http://mwa.govt.nz/sites/public\\_files/Lightning%20does%20strike%20twice\\_2012%20report.pdf](http://mwa.govt.nz/sites/public_files/Lightning%20does%20strike%20twice_2012%20report.pdf)
- Moewaka-Barnes, H. (2010). *Sexual coercion, resilience and young Māori: A scoping review*. Wellington: Ministry of Women's Affairs. Retrieved from <http://mwa.govt.nz/sites/mwa.govt.nz/files/sexual-coercion-resilience-and-young-maori-a-scoping-review-pdf.pdf>
- Munro, E. (2011). *The Munro review of child protection: Interim report - the child's journey*. London: Department for Education. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/206993/DFE-00010-2011.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206993/DFE-00010-2011.pdf)
- Myers, S., & Milner, J. (2007). *Sexual Issues in Social Work*. Bristol: BASW/Policy Press.
- National Institute of Justice. (n.d.). Safe Dates. Retrieved June 27, 2014, from <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=142>
- New Zealand Family Violence Clearinghouse. (2013). Child, youth and family definitions. Retrieved September 1, 2014, from <https://nzfvc.org.nz/cyf-definitions#SA>
- New Zealand Family Violence Clearinghouse. (2014). Data summary: Child sexual abuse. Retrieved August 29, 2014, from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/DS4-Child-Sexual-Abuse-2014-00.pdf>
- New Zealand Police. (2012). Resources for SCS Keeping Ourselves Safe programmes. Retrieved August 29, 2013, from <http://www.police.govt.nz/about-us/publication/resources-scs-keeping-ourselves-safe-programmes>
- Ozer, E. (2006). Contextual effects in school-based violence prevention programs: A conceptual framework and empirical review. *Journal of Primary Prevention*, 27(3), 315-340. doi: 10.1007/s10935-006-0036-x
- Parrott, D. J., Adams, H. E., & Zeichner, A. (2002). Homophobia: Personality and attitudinal correlates. *Personality and Individual Differences*, 32(7), 1269-1278. doi: 10.1016/S0191-8869(01)00117-9



- Pechtel, P., Ryan, A., & Woolley, C. (2005). Literature review two: Sexual assault in adulthood - effects, assessment, and treatment (Technical Report 5b). Retrieved April 4, 2009, from [http://whatumanawa.massey.ac.nz/reports/tech\\_reports.htm](http://whatumanawa.massey.ac.nz/reports/tech_reports.htm)
- Percival, T., Robati-Mani, R., Powell, E., Kingi, P., Peteru, M., Hope, L., . . . Rankine, J. (2010). *Pacific pathways to the prevention of sexual violence: Full report*. Auckland: Pacific Health, School of Population Health, University of Auckland. Retrieved from <http://www.mpia.govt.nz/assets/documents/corporate-documents-2/01-Pacific-PPSV-full-online-version.pdf>
- Pereda, N., Guilera, G., Forn, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29(4), 328-338. doi: 10.1016/j.cpr.2009.02.007
- Perry, B. (2005a). Beyond consent: Healthy sexuality and sexual violence prevention (Part 2). *Moving Upstream: Virginia's Newsletter for the Primary Prevention of Sexual and intimate Partner Violence*, 1(3).
- Perry, B. (2005c). Moving upstream to repair the bridge. *Moving Upstream: Virginia's Newsletter for the Primary Prevention of Sexual Violence*, 1(1), 2. [http://www.communitysolutionsva.org/files/Moving\\_Upstream\\_1-1.pdf](http://www.communitysolutionsva.org/files/Moving_Upstream_1-1.pdf)
- Peters, S. D., Wyatt, G. E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), *A Sourcebook on Child Sexual Abuse* (pp. 15-59). Newbury Park: Sage Publications.
- Pithers, W. D., Kashima, K., Cumming, G. F., Beal, L. S., & Buell, M. (1988). Relapse prevention of sexual aggression. In R. Prentky, & V. Quinsey (Eds.), *Human sexual aggression: Current perspectives* (pp. 244-260). New York: New York Academy of Sciences.
- Prochaska, J. O., & DiClemente, C. C. (1992). Stages of change in the modification of problem behaviors. *Progress in behavior modification*, 28, 183-218.
- Quadara, A. (2008). Responding to young people disclosing sexual assault: A resource for schools. *ACCSA Wrap*, (6), 1-11. <http://www.aifs.gov.au/acssa/pubs/wrap/w6.html>
- Quadara, A., & Wall, L. (2012). What is effective primary prevention in sexual assault? Translating the evidence for action. *ACCSA Wrap*, 11. <http://www.aifs.gov.au/acssa/pubs/wrap/wrap11/index.html>
- Race, D. (2007). *Intellectual disability - Social approaches*. Maidenhead, U.K.: Open University Press/McGraw Hill.
- Rape Prevention Education: Whakatu Mauri. (2014). Retrieved October 7, 2014, from [www.rpe.org.nz](http://www.rpe.org.nz)
- Reiter, S., Bryen, D. N., & Shachar, I. (2007). Adolescents with intellectual disabilities as victims of abuse. *Journal of Intellectual Disabilities*, 11(4), 371-387. doi: 10.1177/1744629507084602
- Robertson, N., Busch, R., D'Souza, R., Sheung, F. L., Anand, R., Balzer, R., . . . Paina, D. (2007). *Living at the cutting edge: Women's experiences of protection orders. Volume 1: The women's stories*. Retrieved from <http://mwa.govt.nz/sites/mwa.govt.nz/files/Living%20at%20the%20cutting%20edge%20Volume%201.pdf>.
- Robertson, N., & Oulton, H. (2008). *Sexual violence: Raising the Conversations*. Hamilton: University of Waikato.
- Roode, T., Dickson, N., Herbison, P., & Paul, C. (2009). Child sexual abuse and persistence of risky sexual behaviors and negative sexual outcomes over adulthood: Findings from a

- birth cohort. *Child Abuse & Neglect*, 33(3), 161-172. doi: 10.1016/j.chiabu.2008.09.006
- Roper, T., & Thompson, A. (2006). *Estimating the costs of crime in New Zealand in 2003/2004*. Wellington: The Treasury.
- Roulstone, A., & Mason-Bish, H. (Eds.). (2013). *Disability, hate crime and violence*. Oxon, UK: Routledge.
- Rumbles, W. (2011). "Three strikes" sentencing: Another blow for Māori. *Waikato Law Review*, 19(2), 108-116.
- Russell, N. (2008). *What works in sexual violence prevention and education: A literature review*. Wellington: Ministry of Justice. Retrieved from <http://www.justice.govt.nz/policy/supporting-victims/taskforce-for-action-on-sexual-violence/documents/What%20Works%20in%20Prevention.pdf>
- Ryan, K. M. (2004). Further evidence for a cognitive component of rape. *Aggression and Violent Behavior*, 9(6), 579-604. doi: 10.1016/j.avb.2003.05.001
- Sachs-Ericsson, N., Cromer, K., Hernandez, A., & Kendall-Tackett, K. (2009). A review of childhood abuse, health, and pain-related problems: The role of psychiatric disorders and current life stress. *Journal of Trauma and Dissociation*, 10, 170-188.
- Schneider-Corey, M., Corey, G., & Corey, C. (2010). *Groups: Process and Practice* (8th ed.). Belmont, CA: Brooks/Cole.
- Shabalala, N., & Jasson, A. (2011). PTSD Symptoms in Intellectually Disabled Victims of Sexual Assault. *South African Journal of Psychology*, 41(4), 424-436. doi: 10.1177/008124631104100403
- Shakespeare, T. (2012). Blaming the victim: disability hate crime. *The Lancet*, 380(9845), 878.
- Shulman, L. (1984). *The skills of helping: Individuals and groups*. Illinois: F.E. Peacock Publishers.
- Snively, S. (1994). *The New Zealand Economic Cost of Family Violence*. Wellington: Family Violence Unit, Department of Social Welfare.
- Statistics NZ. (2013). 2013 Census quickstats about a place: Auckland Region. Retrieved March 10, 2015, from [http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request\\_value=13170&tabname=](http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request_value=13170&tabname=)
- Te Puni Kōkiri. (2009). *Tiaki Tinana: A case study on creating conversations about sexual violence*. Wellington: Te Puni Kōkiri. Retrieved from <http://www.tpk.govt.nz/en/in-print/our-publications/fact-sheets/safer-whanau/download/tpk-tiaki-tinana.pdf>
- Terrell, J., & Kirkness, A. (2011). Designing for learning. In N. Zepke, D. Nugent, & L. Leach (Eds.), *Reflection to transformation; A selfhelp book for teachers* (2nd ed., pp. 155-175). Wellington, New Zealand: Dunmore Publishing Ltd.
- TOAH-NNEST. (2013a). Definitions. Retrieved January 4, 2014, from <http://toah-nnest.org.nz/prevention/primary-prevention/definitions>
- TOAH-NNEST. (2013c). Primary prevention. Retrieved January 4, 2014, from <http://toah-nnest.org.nz/prevention/primary-prevention>
- Toseland, R., & Rivas, R., F. (2001). *An introduction to group work practice* (4th ed.). Boston: Allyn and Bacon.
- Toseland, R., & Siporin, M. (1986). When to recommend group treatment: A review of the clinical and research literature. *International Journal of Group Psychotherapy*, 36, 43-61.

- Triggs, S., Mossman, E., Jordan, J., & Kingi, V. (2009). *Responding to sexual violence: Attrition in the New Zealand criminal justice system*. Wellington: Ministry of Women's Affairs.
- Truman, D. M., Tokar, D. M., & Fischer, A. R. (1996). Dimensions of masculinity: Relations to date rape supportive attitudes and sexual aggression in dating situations. *Journal of Counseling & Development*, 74(6), 555-562. doi: 10.1002/j.1556-6676.1996.tb02292.x
- Turner, H. A., Vanderminden, J., Finkelhor, D., Hamby, S., & Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment*, 16(4), 275-286. doi: 10.1177/1077559511427178
- Tutty, L., Bradshaw, C., Thurston, W., Turnstall, L., Dewar, M., Toy-Pries, D., . . . Nixon, K. (2002). *School-based violence prevention programs: A resource manual preventing violence against children and youth (2005 Revision)*. University of Calgary.
- Ullman, S. E. (2007). A 10-year update of "Review and critique of empirical studies of rape avoidance". *Criminal Justice and Behaviour*, 34(3), 411-429. doi: 10.1177/0093854806297117
- University of Kentucky. (2014). Green Dot. Retrieved June 27, 2014, from [http://www.uky.edu/StudentAffairs/VIPCenter/learn\\_greendot.php](http://www.uky.edu/StudentAffairs/VIPCenter/learn_greendot.php)
- Urbis Keys Young. (2004). *National framework for sexual assault prevention*. Canberra: Office of Status of the Women, Federal Government. Retrieved from [http://www.livingwell.org.au/wp-content/uploads/2012/11/sexual\\_assault\\_prevention.pdf](http://www.livingwell.org.au/wp-content/uploads/2012/11/sexual_assault_prevention.pdf)
- Vella, J. (2007). *On teaching and learning: Putting the principles and practices of dialogue education into action*. San Francisco, California: Jossey Bass.
- Vella, J., Berardinelli, P., & Burrow, J. (1998). *How do they know? Evaluating adult learning*. San Francisco: Jossey-Bass Publishers.
- VicHealth. (2007). *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Retrieved from <http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence/Preventing-violence-before-it-occurs.aspx>
- Webb, M., & Jones, D. (2008). Can the mana of Māori men who sexually abuse children be restored? . In M. Levy, D. Masters-Awatere, M. Rua, & W. Waitoki (Eds.), *Claiming Spaces: 2007 Māori and Pacific Psychologies Symposium*. Hamilton: Māori and Psychology Research Unit.
- Whitaker, D., Morrison, S., Lindquist, C., Hawkins, S., O'Neil, J., Nesius, A., . . . Reese, L. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior*, 11(2), 151-166. doi: 10.1016/j.avb.2005.07.007
- WHO. (2013). Violence Against Women: Intimate partner and sexual violence against women. *Fact sheet No 239*. Retrieved May 15, 2013, from <http://www.who.int/mediacentre/factsheets/fs239/en/>
- WHO, & London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: World Health Organization.
- Wolfe, D. A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., . . . Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatric Adolescent Medicine*, 163(8), 692-699. doi: 10.1001/archpediatrics.2009.69

- Wood, N., & Dickson, S. (2013). Reporting sexual violence in Aotearoa New Zealand. Retrieved March 20, 2014, from <http://www.toah-nest.org.nz/images/pdfs/ReportingSexualViolence.pdf>
- Wood, S., Bellis, M. A., & Watts, C. (2010). *Intimate partner violence*. Liverpool, UK: Liverpool John Moores University. Retrieved from [http://www.eviper.org.uk/downloads/intemate\\_partner.pdf](http://www.eviper.org.uk/downloads/intemate_partner.pdf)
- Woulfe, C. (2007). Māori flagged in rape review. Retrieved February 25, 2014, from [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10418035](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10418035)
- Wynd, D. (2013). *Child abuse: An analysis of Child Youth and Family data*. Auckland: Child Poverty Action Group Inc. Retrieved from <http://www.cpag.org.nz/assets/Publications/130729%20CPAG%20Child%20Abuse%20Report%202%20July%202013.pdf>
- Zimring, F. E., & Hawkins, G. (1995). *Incapacitation: Penal confinement and the restraint of crime*. New York: Oxford University Press.

# The sustainable delivery of sexual violence prevention education in schools

Julich, SJ

2015

---

<http://hdl.handle.net/10179/9830>

22/04/2023 - Downloaded from MASSEY RESEARCH ONLINE